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LICENSE NUM	IBER: 063000006		CITY OR TOW	N LOWELL	
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: U.S. BUNTING CRI	CKET CLUB &	ATHLETIC ASSO	<b>C.</b>	
DOING BUSIN	ESS A				
ADDRESS 449	BOYLSTON ST.				
CITY/TOWN:	LOWELL	STATE: M	A ZIP CODE:	01852	
MANAGER:	MCHUGH, PETER TYPE	OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMISE	S:			
	BERED DOOR ON NORTH E OF BLDG. IN ALL ROO				OORS
I hereby certify	and swear under penalties o	f perjury that:			
1. the re	enewed license will be of the	e same type for	the same premises no	w licensed;	
	censee has complied with a		_	g to taxes; and	
3. the p	remises are now open for bu	usiness (If not e	xplain below)		
CICNED DV					
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, si	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the h	ead of the fire depar	rtment for the	above
Please Check Below	<u>v:</u>		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved					
(11 disapproved)					
DATE:					
APPLICATION FOR F	RENEWAL MUST BE FILED BY LICI	ENSEES DURING TE	E MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 063000009		CITY OR TOWN LOWELL	
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	Pub Ram at Charli	ie's LLC		
DOING BUSINESS	A Charlie's			
ADDRESS 14 CAB	OT ST.			
CITY/TOWN: LOV	VELL	STATE: MA	ZIP CODE: 01852	
MANAGER: Main	wille, Roland A, TY	PE OF LICENSE:Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
		BULKHEAD ON AI OOR AND CELLAR	LEY. IN ONE ROOM ON FIR FOR STORAGE	ST
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	red license will be of	f the same type for the	same premises now licensed;	
2. the licens	ee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the premi	ses are now open for	r business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	d by the building in	spector and the hea	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)			
DATE			-	<u></u>
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000011	CIT	Y OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS	•	YEAR
LICENSEE NAME: GRAND DUKE L	ITHUANIA VYTAUTUS	CLUB LOWELL MA.	
DOING BUSINESS A			
ADDRESS 447 CENTRAL & UNION			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: Leavitt, Mark D TY	PE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIABULKHEAD ON RIGHT SIDE OF BLE I hereby certify and swear under penalties  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	of; ALL ROOMS OF SAID s of perjury that: the same type for the same all laws of the Commonwe	premises now licensed; ealth relating to taxes; and low)	uR
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATI	ON NITIMBED.
		(Note: NOT Individual Social Se	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head of th	ificate required by Chapte te fire department for the	r 304 of the
Acts of 2004, signed by the building in named license and (2) the certificate of	spector and the head of the liquor liability insurance	ificate required by Chapte te fire department for the a required by Chapter 116 CAL LICENSING AUTHO	r 304 of the above of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBI	ER: 063000013		CITY OR T	ΓOWN	LOWELL	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	E: FAIRLEE CO	ORP OF LOWELL MA				
DOING BUSINES	S A J. J. PUB					
ADDRESS 276-80	CENTRAL ST.					
CITY/TOWN: LC	OWELL	STATE: MA	A ZIP CO	DE:	01852	
MANAGER: YA	TES,ERIN	TYPE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION O						
SIDEWALK CAFI STORAGE	E, FENCE ENCL	OSED. IN TWO ROOM	AS ON FIRST	FLOOR	; AND CEL	LAR FOR
I hereby certify and	l swear under pen	alties of perjury that:				
1. the rene	wed license will b	be of the same type for t	the same premis	ses now	licensed;	
		with all laws of the Co		lating to	taxes; and	
3. the pren	nises are now ope	n for business (If not ex	plain below)			
SIGNED BY	Individual, Pa	artner or Authorized Con	rporate Officer			
DATE:	TELEP	HONE NUMBER:	EM	IPLOYER	IDENTIFICA'	TION NUMBER:
	T D D D T	HOIVE IVENIBLIK.	(Note:	NOT Ind	ividual Social	Security Number)
We the undersign	and attact that w	e are in possession (1)	the cortificate	roguire	nd by Chan	tor 304 of the
Acts of 2004, sign	ed by the buildir	ng inspector and the ho	ead of the fire	departr	nent for the	e above
named license and of 2010.	d (2) the certifica	nte of liquor liability in	surance requi	red by (	Chapter 11	6 of the Acts
Please Check Below:			LOCALI	ICENS	ING AUTH	ORITY
APPROVED:			By:	JICEI (D	1110110111	
DISAPPROVED:			·			
(If disapproved exp	plain)					
DATE:						
APPLICATION FOR REN	EWAL MUST BE FILEI	O BY LICENSEES DURING THE	E MONTH OF NOVE	EMBER (M	I.G.L. Ch. 138 \$ 1	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000014	CITY OR TOWN LOWELL
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: LOWELL SPORTS CLUB INC.	
DOING BUSINESS A	
ADDRESS 490 CENTRAL ST.	
CITY/TOWN: LOWELL STATE:	MA ZIP CODE: 01852
MANAGER: SILVA, MANUEL TYPE OF LICENS A.	E:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
IN TWO ROOMS ON FIRST FLOOR AND ONE ROOSTORAGE	M ON SECOND FLOOR; CELLAR FOR
I hereby certify and swear under penalties of perjury that	
1. the renewed license will be of the same type f	_
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	explain below)
SIGNED BY	G
Individual, Partner or Authorized	Corporate Officer
DATE: TELEBRIONE NUMBER.	
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)
	individual poolal poolary ( valuet)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	e head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved appleix)	
(If disapproved explain)	
DATE:	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 063000015		CITY OR TOWN	LOWELL
APPLICATION FOR RENEWAL	L: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PORTUGU	JESE AMER. CIVIC LEAG	UE OF LOWELL T	HE
DOING BUSINESS A			
ADDRESS 512 CENTRAL ST.			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER: VITORINO, JOH	N STYPE OF LICENSE: CI	ub C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED I	PREMISES:		
512 CENTRAL ST., 8 UNUMBE HALL, MEETING RM. KITCHE /METTING/STORAGE RM,MUS	N COOLER, 2 STORAGE	RMS, LOWER LEV	EL-OFFICE
I hereby certify and swear under p	enalties of perjury that:		
	ll be of the same type for the	•	
•	ied with all laws of the Com	C	o taxes; and
3. the premises are now o	open for business (If not exp	lain below)	
SIGNED BY	Partner or Authorized Corp	orate Officer	
individual,	Turner of Humorized Corp	orate officer	
DATE:	EPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
IELI	EFHONE NUMBER.		lividual Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certification of 2010.	ding inspector and the hea	d of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
		<del></del>	
DATE:			



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LICENSE NU	MBER: 063000018		CITY OR TOWN LOWELL	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: CAPPY'S COPE	PER KETTLE INC.		
DOING BUSI	NESS A			
ADDRESS 24	1-45 CENTRAL ST.			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	KAPALA, T RICHARD P.	TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUT	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
2 ROOMS ON	FIRST FLOOR; IN ON	NE ROOM ON FIRST	FLOOR AND CELLAR FOR ST	ORAGE
I hereby certify	y and swear under penalt	ties of perjury that:		
		* *	ne same premises now licensed;	
	•		nmonwealth relating to taxes; and	
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Indianal Dane	Ath	a anata Offica a	
	individual, Parti	ner or Authorized Cor	porate Officer	
D 4 mm				
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
We the under	rsigned, attest that we a	are in possession (1) t	he certificate required by Chap	ter 304 of the
			ad of the fire department for the	
of 2010.	e and (2) the certificate	of liquor hability ins	surance required by Chapter 11	6 of the Acts
Please Check Bel	ovv.		V O G A V V CONTRACTOR :	LOD YELL
APPROVED:			LOCAL LICENSING AUTH	IORITY
DISAPPROVI			By:	
(If disapproved				
**	<del>-</del> ·			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED B	SY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBEK: 063000020		CITY OR TOW	N LOWELL
APPLICATIO:	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BARREIRA	& BERNARDO, INC.		
DOING BUSI	NESS A FOUR SEA	SONS RESTAURANT A	ND LOUNGE	
ADDRESS 37	3-75 CENTRAL ST.			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	BERNARDO, JORGE C.	TYPE OF LICENSE: Re	staurant	CATEGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
BAR/DINING	;2ND FLOOR ONE DOM,CELLAR FOR	REE UNUMBERED DOO ROOM AND PORCH_WE STORAGE. SIDEWALK	ESTSIDE FOR DI	NING,KITCHEN,
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises no	ow licensed;
2. the	licensee has complie	d with all laws of the Com	nonwealth relating	g to taxes; and
3. the	premises are now op	en for business (If not expl	ain below)	
SIGNED BY	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELEI	PHONE NUMBER:		ZER IDENTIFICATION NUMBER: Individual Social Security Number)
			(Note: <u>NOT</u>	murviduai sociai security (vumber)
Acts of 2004,	signed by the build	ing inspector and the head	d of the fire depa	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICE By:	NSING AUTHORITY
. 11	1 /			
DATE:				



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LICENSE NUM	BER: 063000022		CITY OR TOWN LOWEL	L.
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: KNICKERBO	OCKER ATHLETIC ASS	N.	
DOING BUSINI	ESS A			
ADDRESS 36 C	HAMBERLAIN ST	•		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
	CAMERON, AMES R. JR	TYPE OF LICENSE: Cl	ub CATEGOR'	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
2 ROOMS ON F	FIRST FLOOR; IN C	ONE ROOM ON FIRST I	FLOOR AND CELLAR FOR S	TORAGE
•	-	alties of perjury that:		
		• •	e same premises now licensed;	
	-		monwealth relating to taxes; an	d
3. the pr	remises are now oper	n for business (If not expl	lain below)	
SIGNED BY	Individual Pa	artner or Authorized Corp	orata Officar	
	marviauai, i a	ruler of Authorized Corp	orate officer	
DATE:				
DATE.	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <b>NOT</b> Individual Social	
			(1866) 1401 Marvidan Bock	ar security (variiser)
			ne certificate required by Cha	
			id of the fire department for t urance required by Chapter 1	
of 2010.	( <b>2</b> ) cor	se of inquot hubiney high	arance required by enapter a	
Please Check Below	<u>:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	1101011
DISAPPROVED	D:		•	
(If disapproved e	explain)			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED	BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER: 063000023	C	CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: PORTUGUESS A DOING BUSINESS A ADDRESS 59 CHARLES ST.	AMERICAN CENTER, I	NC	
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
	YPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM DOOR ON CHAPEL STREET AND UT FLOOR BANQUET HAL SERVICE BA AND KITCHEN. BASEMENT FOR ST	NNUMBERED DOOR S AR, LOUNGE AREA, G	SOUTH SIDE OF BUILDING	
the renewed license will be o     the licensee has complied wit     the premises are now open for	th all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpora	te Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	ertificate required by Chap of the fire department for the	ter 304 of the
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUMBER: 063000032	CI	TY OR TOWN LOWELL	•
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: THE GREATER DOING BUSINESS A ADDRESS 10 COBURN ST.	LOWELL POLISH NAT	L HOME ASSOC.,INC.	
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: Finch, Karen TY	PE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR VIDES CRIPTION OF LICENSED PREM TWO UNNUMBERED DOORS ON THE SOUTH SIDE OF BLDG. FIRST FLOOR ROOM; KITCHEN, AND THREE STOROOMS; ONE STORAGE ROOM. BA	HE SIDE, AND ONE UNI DR-TWO ROOMS FOR M DRAGE ROOMS. SECON	NUMBERED DOOR ON TI IEMBERS LOUNGE AND D FLOOR-TWO FUNCTIO	GAME
1. the renewed license will be o     2. the licensee has complied wit     3. the premises are now open for	f the same type for the sam th all laws of the Common	wealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corporate	e Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head of	the fire department for th	e above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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LICENSE NUMBER: 063000033		CITY OR TOWN LOWE	LL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: POLISH-AMERICAN DOING BUSINESS A ADDRESS 201 COBURN ST.	NVETS OF LOWE	LL INC.	
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: KAZALSKI,PAUL TYPE JR.	OF LICENSE: Club	CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES UNNUMBERED FIRST FLOOR DOOR AT SIDE OF BLDG; AND THREE UNNUMBI BLDG	ND UNNUMBERE		
<ol> <li>the renewed license will be of the</li> <li>the licensee has complied with all</li> <li>the premises are now open for bu</li> </ol>	l laws of the Comm	onwealth relating to taxes; a	
SIGNED BY Individual, Partner or	Authorized Corpor	rate Officer	
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Society)	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	of the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000037		CITY	OR TOWN	LOWELL	
APPLICATION FOR	RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS		,	YEAR
LICENSEE NAME:	THE OLD PLACE IN	IC				
DOING BUSINESS A	<b>L</b>					
ADDRESS 282-84 FL	ETCHER ST.					
CITY/TOWN: LOW	ELL	STATE:	MA ZII	P CODE:	01852	
MANAGER: VALC LAWF	COURT, TYPE RENCEJ.	OF LICENS	SE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	_					
PI	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL ADDI	RESS		
DESCRIPTION OF LICENSED PREMISES:						
IN ONE ROOM ON FONLY	IRST FLOOR FOR R	ESTAURA	NT/LOUNGE	; BASEMEN	NT FOR STO	RAGE
I hereby certify and sw	vear under penalties of	perjury that	t:			
1. the renewed	d license will be of the	same type	for the same pr	remises now	licensed;	
2. the licensee	e has complied with all	l laws of the	Commonweal	th relating to	taxes; and	
3. the premise	es are now open for bu	siness (If no	ot explain belo	w)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporate Of	ficer		
DATE:	TELEPHONE 1	NUMBER:	0		IDENTIFICATI	
			(1	Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lig	ctor and th	e head of the	fire departn	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 063000039	C	ITY OR TOWN LO	OWELL
APPLICATION FOR RENEWAL:	Annual	LICENSEI	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CLUB LAFAYI DOING BUSINESS A ADDRESS 465 FLETCHER ST.	ETTE INC.		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 0	1852
MANAGER: KING,ROBIN T	YPE OF LICENSE: Club	CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
IN ALL ROOMS OF SAID BLDG AN	ID CELLAR		
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	· =	=	
2. the licensee has complied w		_	xes; and
3. the premises are now open to	or business (If not explain	below)	
SIGNED BY Individual, Parts	ner or Authorized Corpora	te Officer	
DATE: TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	f the fire departmen	t for the above
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MON	TH OF NOVEMBER (M.G.L	. Ch. 138 \$ 16A)



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LICENSE NU	MBEK: 063000040		CITY OR TOWN LOWELL	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: FC RESTAU	JRANT INC.		
DOING BUSI	NESS A			
ADDRESS 51	FLETCHER ST.			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	FAIRBAIRN IV, ROBERT A.	TYPE OF LICENSE:R	estaurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
IN TWO ROC	MS ON FIRST FLO	OR; IN TWO ROOMS O	N FIRST FLOOR FOR STORAG	GE ONLY
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now licensed;	
2. the	licensee has complie	d with all laws of the Con	nmonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	C: 063000041		CI.	I Y OK TOWN	LOWELL	
APPLICATION FOR	R RENEWAL:	Annua	al	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	LOWELL FIREFI	GHTERS ASS	OCIATES	INC.		
DOING BUSINESS	A					
ADDRESS 362-64 F	FLETCHER ST.					
CITY/TOWN: LOV	VELL	STATE:	MA	ZIP CODE:	01852	
	CIENSKI JR., TY NLEY W.	PE OF LICENS	SE:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
'	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:				
IN ALL ROOMS ON	N FIRST FLOOR AN	ND BASEMEN	T			
I hereby certify and s	wear under penalties	s of perjury that	t:			
1. the renew	ed license will be of	the same type i	for the sam	ne premises no	w licensed;	
2. the license	ee has complied with	n all laws of the	Commony	wealth relating	to taxes; and	
3. the premi	ses are now open for	business (If no	t explain b	pelow)		
SIGNED BY	Individual, Partne	r or Authorized	Corporate	Officer		
DATE:	TELEPHON	IE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	e head of	the fire depar	tment for the	e above
Please Check Below:			L	OCAL LICEN	ISING AUTH	ORITY
APPROVED:			В	sy:		
DISAPPROVED:						
(If disapproved expla	ain)		<del>-</del>			
			=			
DATE:			=			
APPLICATION FOR RENEW	VAL MIJST RE EII EN RV I	ICENSEES DURING	THE MONTE	H OF NOVEMBED	MGL Ch 138 ¢ 1	6A)
LICITION I ON NENEY		TOTAL POINTY		. OI THO PERIDER	( OLL 120 Ø I	~- ·/



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LICENSE NUM	IBER: 063000042		CITY OR TO	OWN LOWELL	
APPLICATION	FOR RENEWAL:	Annual	L	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NA	ME: Resendes Incor	porated			
DOING BUSIN	ESS A Trainview Pul	b			
ADDRESS 101	8 GORHAM ST -20				
CITY/TOWN:	LOWELL	STATE: MA	ZIP COI	DE: 01852	
MANAGER:	Resendes, John M	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PRE				
		REET. FIRST FLOOR ( , EAST SIDE 50FTX4:			LLAR
I hereby certify	and swear under penal	lties of perjury that:			
1. the re	enewed license will be	e of the same type for the	ie same premise	es now licensed;	
2. the li	censee has complied v	with all laws of the Con	nmonwealth rela	ating to taxes; and	
3. the p	remises are now open	for business (If not exp	olain below)		
GIGNED DV					
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	IONE NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social	Security Number)
We the undere	ianad attact that wa	are in possession (1) t	ho contificato r	ogninad by Chan	ton 201 of the
		g inspector and the hea			
named license of 2010.	and (2) the certificat	e of liquor liability ins	urance requir	ed by Chapter 11	6 of the Acts
Please Check Below APPROVED:	<u>v:</u>			ICENSING AUTH	IORITY
DISAPPROVEI	D:		By:		
(If disapproved			-		
DATE:					
DATE:					
APPLICATION FOR I	RENEWAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEM	IBER (M.G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000043		CITY OR TO	JWN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	OCEANBRID	GE CORPORATION			
DOING BUSINESS A	HYNES' TA	VERN			
ADDRESS 465-67 GC	ORHAM ST.				
CITY/TOWN: LOWI	ELL	STATE: MA	ZIP COD	DE: 01852	
MANAGER: BUE, J	OSEPH	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PR	EMISES:			
		ORS ON REAR. FIRST I LAR FOR STORAGE. P			
I hereby certify and sw	ear under pen	alties of perjury that:			
1. the renewed	l license will b	e of the same type for the	e same premise	s now licensed;	
2. the licensee	has complied	with all laws of the Com	monwealth rela	ating to taxes; and	
3. the premise	s are now ope	n for business (If not expl	lain below)		
SIGNED BY	Individual Da	rtner or Authorized Corp	orata Officar		
	marviduai, i a	ruici of Authorized Corp	orate Officer		
DATE:	TELEDI	HONE NUMBER.	FMP	LOYER IDENTIFICAT	ΓΙΟΝ NUMBER·
	IELEFI	HONE NUMBER:		OT Individual Social S	
Acts of 2004, signed	by the buildin	e are in possession (1) the ag inspector and the heate of liquor liability insu	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
					<del></del>
DATE:					
DATE.					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 06300	0045	CITY OR TOWN LOWELL	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: CATC	HER'S MITT PUB, INC.		
DOING BUSINESS A CAT	CHER'S MITT PUB		
ADDRESS 726 GORHAM S	ST.		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: WILLIAM, F HOEY	E. TYPE OF LICENSE: R	estaurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENS	SED PREMISES:		
AND LOUNGE AND AN O		ON SECOND FLOOR FOR REST ORTH SIDE OF BUILDING, IN C FOR STORAGE	
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licen	se will be of the same type for the	ne same premises now licensed;	
2. the licensee has co	omplied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are n	now open for business (If not exp	plain below)	
SIGNED BY Indivi	dual, Partner or Authorized Cor	porate Officer	
DATE.			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
		(roce. 1701) Individual Social	Security (valider)
Acts of 2004, signed by the	building inspector and the he	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 063000047		CITY OR TOWN	LOWELL
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LA BONICHE, INC DOING BUSINESS A	C.		
ADDRESS 143 MERRIMACK ST			01050
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER: JABAR, ANNA TYP	E OF LICENSE: Res	taurant CA'	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	CBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS RESTAURANT, STORAGE AREAS. FI STORAGE ROOM, KITCHEN; BASEM APPROX. 380 SQ FT	RST FLOOR, TWO		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the	same premises now li	censed;
2. the licensee has complied with		•	taxes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY Individual, Partner	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	E NUMBER:		DENTIFICATION NUMBER: ridual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire departm	ent for the above
Please Check Below:		LOCAL LICENSII	NG AUTHORITY
APPROVED:		D.	
		By:	
DISAPPROVED:		ву:	
		ву:	
DISAPPROVED:		ву:	



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LICENSE NU	MBER: 063000050		CITY OR TOWN	LOWELL
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: COURTYA	RD MANAGEMENT COR	PORATION	
DOING BUSI	NESS A COURTY	ARD BY MARRIOTT		
ADDRESS 30	INDUSTRIAL AVI	Ξ.		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	TUTELA III, JOSEPH C.	TYPE OF LICENSE: Inn	holder (	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ROOMS, KIT	CHEN WITH STOR MAIDS ROOM. IN	T FLOOR; LOBBY, REST AGE AREA,SERVICE BA ADDITION; POOL AND C ST ROOMS,ONE SUITE,N	R, MECHANICA COURTYARD WI	L ROOM, LAUNDRY TH FENCE
	•	nalties of perjury that:		
		be of the same type for the		
		ed with all laws of the Comm	Č	to taxes; and
3. the	premises are now op	en for business (If not expla	ain below)	
SIGNED BY	Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYI	ER IDENTIFICATION NUMBER:
			(Note: NOT I	ndividual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	l of the fire depar	
Please Check Bell APPROVED:			LOCAL LICEN By:	ISING AUTHORITY
DISAPPROVI	<u> </u>		Dy.	
(If disapproved	d explain)		-	
DATE:				



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LICENSE NUM	4BER: 063000051		CITY OR TOWN LOWELI	_
APPLICATION	N FOR RENEWAL	.: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: CB ENTER	PRISES, INC.		
DOING BUSIN	IESS A MAJOR'S	PUB		
ADDRESS 197	MARKET STREE	T		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
	BELANGER, COREY	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	OF LICENSED F			
	AND UNNUMBE AR FOR STORAC		N AVE. IN TWO ROOMS ON	FIRST
I hereby certify	and swear under p	enalties of perjury that:		
1. the r	enewed license wil	ll be of the same type for the	same premises now licensed;	
2. the 1	icensee has compli	ed with all laws of the Comn	nonwealth relating to taxes; and	i
3. the p	oremises are now o	pen for business (If not expla	in below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004, s	igned by the build	ling inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 1	ie above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			



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LICENSE NUMBER: 063000054	(	CITY OR TOWN LOWELI	L
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: S & S LIQUO DOING BUSINESS A WHIPPLE C ADDRESS 394 LAWRENCE ST.			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: SILVA, PAUL J.	TYPE OF LICENSE: Resta		: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PR TO ADD AN OUTDOOR DECK.	DUR WEBSITE AND ENTER YOUR EMA EMISES:	IL ADDRESS	
1. the renewed license will be 2. the licensee has complied 3. the premises are now ope	be of the same type for the same with all laws of the Commo	onwealth relating to taxes; and	1
SIGNED BY Individual, Pa	urtner or Authorized Corpora	ate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	ng inspector and the head o	of the fire department for th	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI	HORITY
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	D BY LICENSEES DURING THE MON	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	5 16A)



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LICENSE NUMBE	R: 063000058		CITY OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 453-57		RESTAURANT IN	C. THE		
CITY/TOWN: LO		STATE: MA	ZIP CODE:	01852	
MANAGER: COO		PE OF LICENSE: R		CATEGORY:	All Alcohol
EMAIL ADDRESS	:	-			
SIX UNNUMBERS FLOOR AND TWO I hereby certify and	O CELLARS FOR ST swear under penaltie	SES:  JR ROOMS ON FIFTORAGE ONLY  s of perjury that:	RST FLOOR; IN TWO		N FIRST
2. the licen		h all laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	ed by the building in	spector and the he	the certificate required of the fire depart surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 063000059		CITY OR TOWN LOWEL	L
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: SPORTING &	& ATHLETIC CLUB OF I	LOWELL INC THE	
DOING BUSI	NESS A			
ADDRESS 52	5 MARKET & HANG	OVER		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	KAZANJUAN, SUE-ELLEN	TYPE OF LICENSE: Clu	b CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PR			
	, HANOVER ST AND R; IN CELLAR FOR S		MARKET ST. IN THREE RO	OMS ON
	y and swear under pen			
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; and	d
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 1	ne above
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiaiii)			
DATE:			_	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000060		CITY OR TOW	N LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	ATHENIAN CORI	NER REST. & LOUN	GE INC.		
DOING BUSINESS	A				
ADDRESS 207 MA	RKET ST.				
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01852	
	AGIOTOPOUL TYI STAVROS	PE OF LICENSE: Rest	aurant	CATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF					
	D FLOOR; IN ONE	DOORS. IN ONE ROO ROOM ON THIRD F			
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for the s	same premises no	w licensed;	
		all laws of the Comm	•	g to taxes; and	
3. the premi	ses are now open for	business (If not explain	in below)		
					_
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
					_
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICATION NUMBER:	
			(Note: NOT)	Individual Social Security Number)	
Acts of 2004, signed	d by the building ins	spector and the head	of the fire depar	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts	
Please Check Below:			LOCAL LICEN	NSING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:	-:>				
(If disapproved explain	am)				
			-		
DATE:			-		

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBI	ER: 063000063		CITY	OR TOWN	LOWELL	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAMI	E: WHITE EAGLE CAF	E OF LOWE	LL INC.			
DOING BUSINES	SS A					
ADDRESS 585 M	ARKET ST.					
CITY/TOWN: LC	OWELL	STATE:	MA ZII	P CODE:	01852	
MANAGER: RIC	GS, LEAH TYPE	OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YO	OUR EMAIL ADDR	RESS		
DESCRIPTION O	F LICENSED PREMISES	S:				
	IE BULKHEAD AND ON TWO ROOMS ON FIRS ORAGE					
I hereby certify and	d swear under penalties of	perjury that:				
1. the rene	ewed license will be of the	same type fo	r the same pr	remises now	licensed;	
	nsee has complied with all			_	o taxes; and	
3. the prer	mises are now open for bu	siness (If not	explain belov	w)		
SIGNED BY	Indicidual Dawn	A41				
	Individual, Partner or	Authorizea C	orporate On	icer		
DATE:			Į	EMBLOVED		ION NUMBER.
DATE.	TELEPHONE 1	NUMBER:	(1		R IDENTIFICAT Iividual Social Se	
			`			
Acts of 2004, sign	ned, attest that we are in ned by the building inspe d (2) the certificate of liq	ctor and the	head of the	fire departı	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	plain)					
(11 disapproved exp	piaiii)					
DATE:						



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LICENSE NUM	IBER: 063000064		CITY OR TOWN	LOWELL	
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NA DOING BUSIN ADDRESS 619		OYENS AMERICAIN	NS		
CITY/TOWN:		STATE: MA	ZIP CODE:	01852	
MANAGER:		YPE OF LICENSE: CI		CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
MARKET ST, O	PLEASE ALSO VISIT OUR OF LICENSED PREM ONE UNNUMBERED T SIDE OF BLDG AN NT OF SAID BLDG	DOOR ON RIGHT SI	IDE OF BLDG ONE		
1. the re 2. the li 3. the p	and swear under penalt enewed license will be censee has complied w remises are now open f	of the same type for the ith all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, si	igned, attest that we a igned by the building and (2) the certificate	inspector and the hea	he certificate requi nd of the fire depar	tment for the	er 304 of the above
Please Check Below APPROVED: [DISAPPROVEI (If disapproved)	D:		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUI	MBER: 063000069		CITY OR 7	TOWN LOWELL	
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	AME: Hookslide Ke NESS A MERRIMACK ST.	lly's, LLC			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CC	DDE: 01852	
MANAGER:	McINERNEY, BRIAN D.	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR		OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
FIRST FLR; 3 STORAGE. O LOUNGE. BA STORAGE Ou	UTSIDE CAFE, FEN SEMENT; ONE ROC tside café fence enclo	EMISES: AURANT AND LOUN NCE ENCLOSED, NOR OM FOR RESTAURAN USED, north side. Unnuml Hed on the north side by	TH SIDE, AB T AND LOUN pered door east	UTTING GREENH NGE. TWO ROOMS t side of premises lea	OUSE S FOR ading to
I hereby certify	and swear under pen	alties of perjury that:			
1. the	renewed license will l	be of the same type for the	he same premis	ses now licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth re	elating to taxes; and	
3. the	premises are now ope	n for business (If not ex	plain below)		
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		IPLOYER IDENTIFICATE  NOT Individual Social S	
We the under Acts of 2004,	signed, attest that w signed by the buildir	HONE NUMBER: e are in possession (1) ng inspector and the he nte of liquor liability in	(Note: the certificate ead of the fire	NOT Individual Social S required by Chapt department for the	security Number) ter 304 of the e above
We the under Acts of 2004, named license	signed, attest that w signed by the building e and (2) the certifica ow:	e are in possession (1) and inspector and the he	(Note: the certificate ead of the fire surance requi	NOT Individual Social S required by Chapt department for the	ter 304 of the e above 6 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVE	signed, attest that w signed by the building e and (2) the certifica ow:	e are in possession (1) and inspector and the he	(Note: the certificate ead of the fire surance requi	NOT Individual Social S required by Chapt department for the red by Chapter 110	ter 304 of the e above 6 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000082		CITY OR TOWN	LOWELL
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MANDARIN LO	WELL CHINESE CU	ISINE INCORPOR	ATED
DOING BUSINESS	A MANDARIN LO	OWELL CHINESE C	UISINE	
ADDRESS 1592 MI	IDDLESEX ST.			
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01852
MANAGER: TAI,	JINNY CHEN TY	PE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
		BERED DOOR ON V ON FIRST FLOOR F		OG. IN ONE ROOM
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renew	ved license will be o	f the same type for the	e same premises now	licensed;
2. the licens	see has complied wit	th all laws of the Com	monwealth relating t	o taxes; and
3. the premi	ises are now open for	or business (If not exp	lain below)	
SIGNED BY				
			0.00	
	Individual, Partne	er or Authorized Corp	orate Officer	
	Individual, Partne	er or Authorized Corp	orate Officer	
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:		er or Authorized Corp	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigne Acts of 2004, signe	TELEPHO d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYEI (Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	TELEPHO d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> In ne certificate requir d of the fire depart urance required by	ed by Chapter 304 of the ment for the above
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHO d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> In ne certificate requir d of the fire depart urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHORE d, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYEI (Note: NOT Inc.)  The certificate required of the fire depart irance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHORE d, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYEI (Note: NOT Inc.)  The certificate required of the fire depart irance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHORE d, attest that we are d by the building in (2) the certificate of	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYEI (Note: NOT Inc.)  The certificate required of the fire depart irance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 063000085		CITY OR TOWN LOWELI	_
APPLICATION :	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAN	ME: CLUB-PASSE	-TEMPS OF LOWELL M	IA.	
DOING BUSINE	ESS A			
ADDRESS 369-7	71 MOODY STREE	T		
CITY/TOWN: I	LOWELL	STATE: MA	ZIP CODE: 01852	
	OUELLETTE, OAVID	TYPE OF LICENSE: Club	b CATEGORY	: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PRE			
BASEMENT; IN		N FIRST FLOOR, IN FIVE	COND FLOOR AND ONE RO E ROOMS ON SECOND FLO	
I hereby certify a	nd swear under pena	lties of perjury that:		
1. the real	newed license will be	e of the same type for the s	same premises now licensed;	
2. the lic	censee has complied	with all laws of the Comm	nonwealth relating to taxes; and	1
3. the pr	emises are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sig	gned by the building	g inspector and the head	certificate required by Chap of the fire department for the rance required by Chapter 1	ie above
Please Check Below:	<u>:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				
•				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	BER: 063000087		CIT	Y OR TOWN	LOWELL	
APPLICATION	FOR RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAI	ME: LOWELL LOI	OGE #87 B.P.O.E.	OF U.S.A.			
DOING BUSIN	ESS A					
ADDRESS 40 C	OLD FERRY RD.					
CITY/TOWN:	LOWELL	STATE:	MA	ZIP CODE:	01852	
MANAGER: I	Lowe, Ronald P.	TYPE OF LICEN	SE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL AI	DDRESS		
	OF LICENSED PRE					
	ED DOORS ON NO B. ALL ROOMS OF S		DG,ONE UI	NNUMBERE	D DOOR ON	SOUTH
I hereby certify a	and swear under pena	lties of perjury tha	t:			
	enewed license will be	• •		•		
	censee has complied			_	o taxes; and	
3. the pr	remises are now open	for business (If no	ot explain be	elow)		
CICNED DV						
SIGNED BY	Individual, Par	tner or Authorized	Corporate (	Officer		
DATE:	TELEPH	IONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Inc	dividual Social So	ecurity Number)
We the undersi	igned, attest that we	are in possession	(1) the cert	tificate requir	ed by Chapte	er 304 of the
	igned by the building					
of 2010.	and (2) the certificat	e of iiquor nabini	y insurance	e required by	Cnapter 116	of the Acts
Please Check Below	<u>r:</u>		1.0	OCAL LICENS	SING AUTHO	RITY
APPROVED: [	_		Ву		nii Ao iii	JKII I
DISAPPROVEI	D:		,			
(If disapproved of	explain)					
			_			
DATE:						
APPLICATION FOR R	RENEWAL MUST BE FILED	BY LICENSEES DURING	G THE MONTH	OF NOVEMBER (N	1.G.L. Ch. 138 \$ 16	(A)



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LICENSE NU.	MBER: 063000090		CITY OR TOWN	LOWELL
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSI	AME: L'AIGLE D'O	R INC.		
ADDRESS 64	5 PAWTUCKET BLV	D.		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	MALATESTA, GAIL	TYPE OF LICENSE: R	Restaurant (	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
FROM SALE,		ONE STORY, APPROXIPTION OF AB-ONE R RNER OF BLDG		
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	ne same premises nov	w licensed;
2. the	licensee has complied	with all laws of the Cor	nmonwealth relating	to taxes; and
3. the	premises are now oper	n for business (If not ex	plain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	ER IDENTIFICATION NUMBER:
			(Note: NOT In	ndividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the he	ad of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)			
DATE:				
	DENEWAL MICE OF THE	NAN I IOENIGEE DAMAIO	MONTH OF NOVEMBER	M.C.I. (1), 120 0 1(4)
APPLICATION FOR	KENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 063000091		CITY OR TOWN	LOWELL
APPLICATION FOR	RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	J.J. BOOMERS OF	F LOWELL, INC.		
DOING BUSINESS	A J.J. BOOMERS			
ADDRESS 727 PAW	TUCKET BLVD.			
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE:	01852
MANAGER: WAT C.	SON, JAMES TYPE	PE OF LICENSE: Rest	aurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF I				
	OUTDOOR PATIO.	JRANT, ONE ROOM . APPROX 770 SQFT AGE.		
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the s	same premises now li	censed;
		all laws of the Comm	C	taxes; and
3. the premis	es are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
	,			
DATE:	TELEPHON	E NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
	TEEE HOL	E I (OIVIBEI)	(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	of the fire departm	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved expla	111)			
				<del></del>
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	ER: 063000092		CITY OR TOWN	LOWELL
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: V.F.W. WALKER	R-ROGERS POST #66	52 INC.	
DOING BUSINES	SS A			
ADDRESS 190 PI	LAIN ST.			
CITY/TOWN: L	OWELL	STATE: MA	ZIP CODE:	01852
MANAGER: GO W	OLDEN, JAMES TY	PE OF LICENSE: Vet	cerans club Ca	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PREMI			
	ANCE DOORS, 6 UNN		. IN ALL ROOMS	OF SAID BUILDING
•	d swear under penalties		_	
	ewed license will be of	• 1	•	
	ensee has complied with		_	o taxes; and
3. the pres	mises are now open for	r business (II not expir	iin below)	
SIGNED BY	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TEI EDHON	JE NI IMPED.	EMPLOYER	DENTIFICATION NUMBER:
DATE:	TELEPHON	NE NUMBER:		LIDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
We the undersign	ned, attest that we are	e in possession (1) the	(Note: <u>NOT</u> Ind	ividual Social Security Number) ed by Chapter 304 of the
We the undersign Acts of 2004, sign named license and	ned, attest that we are	e in possession (1) the espector and the head	(Note: <u>NOT</u> Ind e certificate require l of the fire departi	ividual Social Security Number) ed by Chapter 304 of the
We the undersign Acts of 2004, sign	ned, attest that we are	e in possession (1) the espector and the head	(Note: <u>NOT</u> Ind e certificate require l of the fire departi	ed by Chapter 304 of the nent for the above
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below:	ned, attest that we are	e in possession (1) the espector and the head	(Note: <u>NOT</u> Indee certificate required of the fire departs rance required by	ed by Chapter 304 of the nent for the above
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	ned, attest that we are ned by the building in ind (2) the certificate of	e in possession (1) the espector and the head	(Note: <u>NOT</u> Indee certificate required of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we are ned by the building in nd (2) the certificate of	e in possession (1) the espector and the head	(Note: NOT Indece certificate required of the fire department of the fire department of the LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	ned, attest that we are ned by the building in nd (2) the certificate of	e in possession (1) the espector and the head	(Note: NOT Indece certificate required of the fire department of the fire department of the LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we are ned by the building in nd (2) the certificate of	e in possession (1) the espector and the head	(Note: NOT Indece certificate required of the fire department of the fire department of the LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we are ned by the building in nd (2) the certificate of	e in possession (1) the espector and the head	(Note: NOT Indece certificate required of the fire department of the fire department of the LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUI	MBER: 063000096		CITY OR TOWN	LOWELL
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MT. PLEASA	NT GOLF CLUB		
DOING BUSI	NESS A			
ADDRESS 14	1 STAPLES ST.			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	MULLAVEY, MICHAEL	TYPE OF LICENSE: Clu	ıb	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
UNNUMBERI AREA APPRO	ED DOOR ON N/S. D OX. 8,625 SQ. FT.; LC	S ON S/SIDE, ONE UNI INING ROOM & BAR A CKERROOMS, KITCH OMS, KITCHEN, SERVI	AREA, PATIO & C EN, 3STORAGE F	OUTDOOR FUNCTION ROOMS, AND PRO
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises no	w licensed;
2. the	licensee has complied	with all laws of the Com	nonwealth relating	g to taxes; and
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOY	ER IDENTIFICATION NUMBER:
			(Note: NOT)	Individual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	d of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICEN	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE.				
DATE:				



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LICENSE NUN	MBER: 063000098		CITY OR TOWN	LOWELL	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: SOCIAL CLU	UB OF PAWTUCKETVIL	LE LOWELL MA.		
DOING BUSIN	NESS A				
ADDRESS 123	3 UNIVERSITY AVI	Е			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852	
MANAGER:	WELCH, WILLIAM B.	TYPE OF LICENSE: Clu	b CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
-	N OF LICENSED PR				
	RED DOORS, IN TH BASEMENT LEVEI	IREE ROOMS ON FIRST L FOR STORAGE	FLOOR; IN ONE R	OOM ON FI	IRST
I hereby certify	and swear under per	nalties of perjury that:			
1. the 1	renewed license will	be of the same type for the	same premises now	licensed;	
2. the l	licensee has complied	d with all laws of the Comm	nonwealth relating to	taxes; and	
3. the 1	premises are now ope	en for business (If not expla	ain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	PHONE NUMBER:			TON NUMBER:
			(Note: NOT Ind	ividuai Sociai S	ecurity Number)
Acts of 2004, s	signed by the building	ve are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire departn	nent for the	above
Please Check Belo	<del>DW:</del>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
OISAPPROVE					
(If disapproved	слріаш)				
DATE:					



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LICENSE NUMBER: 0630	00103		CH	Y OR TOWN	LOWELL	
APPLICATION FOR REN	IEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: WA	RD EIGHT					
DOING BUSINESS A YA	ATES, ERIN					
ADDRESS 50 WARREN	ST.					
CITY/TOWN: LOWELL		STATE: N	ſΑ	ZIP CODE:	01852	
MANAGER:	TYPE	OF LICENSE	:Innhold	er C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER YO	UR EMAIL A	ADDRESS		_
DESCRIPTION OF LICEN	NSED PREMISE	S:				
GROUND FLOOR; LOBE						
AREA,BALLROOM,PRE						
AREA,INDOOR POOL A	The second secon		*	The second secon		NID ELD
ROOMS, KITCHEN, EMPI LOUNGE. 3-9 GUEST RO		EKIA,MAINTI	ENANCE	E AND STOKA	AGE AREA, 2	ZND FLR-
I hereby certify and swear		f perjury that:				
1. the renewed lice	-		the sam	e premises nov	v licensed;	
2. the licensee has		• •		-		
3. the premises are	•			_	to tarres, arra	
	·· · · · · · · · · · · · · · · ·	( )				
CICNED DV						
SIGNED BY Indi	vidual, Partner or	· Authorized C	orporate	Officer		
	•		·			
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the						
named license and (2) the						
of 2010.	certificate of in	quoi nabinty	insui and	c required by	Chapter 110	o of the Acts
Please Check Below:			T.	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В		51110710111	ORITI
DISAPPROVED:			Ъ	у.		
(If disapproved explain)			_			
The state of the s						
DATE:			_			



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LICENSE NUN	MBER: 063000104		CITY OR TOWN	LOWELL
APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: EAST END SOCIA	AL CLUB OF LOW	ELL INC.	
DOING BUSIN	IESS A			
ADDRESS 15	WEST FOURTH ST.			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	BRIERE,MARK R. TYI	PE OF LICENSE: C	lub C	CATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	SES:		
	RED DOORS ON EAST S L ROOMS OF SAID BLD		D ONE UNNUMBE	ERED DOOR IN
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of		=	
	icensee has complied with		_	to taxes; and
3. the p	premises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Officer	
	individual, i urtiloi	of Humorized Cor	Solute Officer	
DATE:	TEL EPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TELETION	L WOMBER.	(Note: NOT In	dividual Social Security Number)
Acts of 2004, s	signed by the building ins	pector and the he	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below	<u>w:</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	D:			
	ovnlain)			
(If disapproved	explain)			
(II disapproved	explain)			
DATE:	explain)			



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LICENSE NUM	MBER: 063000105		CITY	OR TOWN	LOWELL	
APPLICATION	FOR RENEWAL:	Annua	ıl	LICENS	SED FOR 20	13
		CLAS	S			YEAR
LICENSEE NA	ME: CENTRALVILLE	SOCIAL CLU	В			
DOING BUSIN	IESS A					
ADDRESS 364	WEST SIXTH ST.					
CITY/TOWN:	LOWELL	STATE:	MA ZII	P CODE:	01852	
MANAGER:	BURNS, DAVID W. TYP	E OF LICENS	E:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL ADDE	RESS		
DESCRIPTION	OF LICENSED PREMIS	ES:				
	BERED DOOR ON NORT BERED DOOR IN REAR.				TH SIDE OF	BLDG.
I hereby certify	and swear under penalties	of perjury that	:			
1. the r	enewed license will be of t	he same type f	or the same pr	remises now	licensed;	
	icensee has complied with			_	taxes; and	
3. the p	premises are now open for	business (If no	t explain belo	w)		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHONI	E NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			1)	Note: NOT Indi	ividual Social So	ecurity Number)
Acts of 2004, s	signed, attest that we are signed by the building ins	pector and the	e head of the	fire departn	nent for the	above
named license of 2010.	and (2) the certificate of	liquor liabilit	y insurance r	equired by (	Chapter 116	of the Acts
Please Check Belov	<u>w:</u>		LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
Of disapproved						
(If disapproved	елріаш)					
DATE:						
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING	THE MONTH OF	NOVEMBER (M.	.G.L. Ch. 138 \$ 16	A)



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LICENSE NUI	MBER: 063000107		CITY OR TOWN LOWER	LL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSIN	AME: CAPTAIN JOH NESS A 3 WESTFORD ST.	N'S, INC.		
CITY/TOWN:		STATE: MA	ZIP CODE: 01852	
		TYPE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREI	MISES:		
			RED DOOR ON WEST SID IST FLOOR AND CELLAR	
2. the	licensee has complied v	* *	same premises now licensed; nonwealth relating to taxes; a in below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soc	
<b>Acts of 2004,</b>	signed by the building	inspector and the head	e certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU' By:	THORITY
DATE:				



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LICENSE NUM	IBER: 063000109		CITY OR TOWN	LOWELL
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: LOWELL PO	ST #87 OF DEPT.OF N	A.AMERICAN LEG	ION
DOING BUSIN	ESS A			
ADDRESS 684	WESTFORD STRE	ET		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER: I	PARE, DENNIS	TYPE OF LICENSE: \	Veterans club CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
	OF LICENSED PRI			
	ED DOORS. IN TW NT FOR STORAGE	O ROOMS ON FIRST	FLOOR;TWO ROOM	IS ON FIRST FLOOR
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will b	be of the same type for t	he same premises now	licensed;
	-	with all laws of the Con	_	taxes; and
3. the pr	remises are now open	n for business (If not ex	plain below)	
SIGNED BY	Individual Pa	artner or Authorized Co	norate Officer	
	marviduai, i a	Tulei of Authorized Col	porate Officer	
DATE:				
	TELEDI	HOME MILIMPED.	EMPLOYER	IDENTIFICATION NUMBER:
DITTE.	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			(Note: NOT Ind	ividual Social Security Number)
We the undersi	igned, attest that we	e are in possession (1)	(Note: <u>NOT</u> Ind	ed by Chapter 304 of the
We the undersi Acts of 2004, si	igned, attest that we	e are in possession (1) ng inspector and the he	(Note: <u>NOT</u> Ind the certificate require ad of the fire departi	ed by Chapter 304 of the
We the undersi Acts of 2004, si	igned, attest that we	e are in possession (1) ng inspector and the he	(Note: <u>NOT</u> Ind the certificate require ad of the fire departi	ed by Chapter 304 of the ment for the above
We the undersi Acts of 2004, si named license a of 2010.	igned, attest that we igned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: <u>NOT</u> Ind the certificate require ead of the fire departi surance required by	ed by Chapter 304 of the ment for the above
We the undersit Acts of 2004, sit named license at of 2010.  Please Check Below APPROVED:	igned, attest that we igned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: <u>NOT</u> Ind the certificate require ead of the fire departi surance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	igned, attest that weigned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersit Acts of 2004, sit named license at of 2010.  Please Check Below APPROVED:	igned, attest that weigned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	igned, attest that weigned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	igned, attest that weigned by the buildin and (2) the certifica	e are in possession (1) ng inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMI	BEK: 063000112		CITY OR TOWN LOV	VELL
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAN	ME: WORTHEN H	IOUSE CAFE,INC.		
DOING BUSINE	ESS A WORTHEN	HOUSE		
ADDRESS 141-4	45 WORTHEN ST.	-47		
CITY/TOWN: I	LOWELL	STATE: MA	ZIP CODE: 018	52
MANAGER: H	IAMOURGAS, IIKOLAOS	TYPE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
OUTDOOR ARE ALCOHOLIC BI	EA ON NORTH SIE	OOR AND ONE ROOM DE, APPROX 732 SQ FT I EMENT LEVEL, ONE RO FORAGE ONLY	FOR SALE AND SERVIO	CE OF
I hereby certify a	nd swear under pena	alties of perjury that:		
1. the real	newed license will b	e of the same type for the	same premises now licens	ed;
2. the lic	ensee has complied	with all laws of the Comm	nonwealth relating to taxes	s; and
3. the pr	emises are now oper	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:		TIFICATION NUMBER:
			(Note. NOT Individual	Social Security Number)
Acts of 2004, sig	gned by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	of the fire department f	or the above
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENSING A By:	AUTHORITY
(== alsappio rod o	<i></i> /			
DATE:				



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LICENSE NUMBER: 06300011	7	CITY OR TOWN LOWELL	•
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: THE GAE DOING BUSINESS A ADDRESS 255-65 CHELMSFO		IC.	
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850	
MANAGER: BRADY, JOHN	B. TYPE OF LICENSE:Cli	ub CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED ONE UNNUMBERED DOOR OF COMMUNICATION OF LICENSED ONE UNNUMBERED DOORS ON 2 UNNUMBERED DOOR ON S/S FL.FOR AB SERVICE, KITCHI	ON CHEMSFORD ST.,LEAD ND. FLW/S, ONE UNNUM S. 2 ROOMS ON FIRST FLO	DING TO PASSAGEWAY ON 1 MBERED DOOR ON N/S AND DOR, AND ONE ROOM ON SE	ONE
2. the licensee has comp	vill be of the same type for the	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY Individual	l, Partner or Authorized Corpo	orate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest tha Acts of 2004, signed by the bui named license and (2) the certi of 2010.	ilding inspector and the hea	d of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000118		CITY OR TOWN	LOWELL		
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS	BELVIDERE LIQUO	ORS,INC				
ADDRESS 36 CON	CORD STREET					
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01850		
MANAGER: COR L V.	REIA,MANUE TYPE	OF LICENSE: Pa	ackage Store Ca	ATEGORY: All Alcohol		
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS			
	LICENSED PREMISE					
UNNUMBERED DO	EET, UNNUMBERED OOR ON SOUTH SIDI N FIRST FLOOR FOR	E OF BLDG. IN	ONE ROOM ON FIR			
I hereby certify and	swear under penalties o	f perjury that:				
1. the renew	ved license will be of the	e same type for th	e same premises now	licensed;		
2. the licens	ee has complied with a	l laws of the Com	monwealth relating t	o taxes; and		
3. the premi	ses are now open for bu	isiness (If not exp	lain below)			
SIGNED BY	Individual, Partner or	. Authorized Com	orata Officar			
	marviduai, Farmei oi	Aumonzeu Corp	orate Officer			
DATE:	TELEDIANE	NILIMDED.	EMPI OVER	R IDENTIFICATION NUMBER:		
21121	TELEPHONE	NUMBEK:		(Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:				SING AUTHORITY		
DISAPPROVED:			By:			
(If disapproved explain	ain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	063000119		CITY OR TOW	N LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
		THOM MARKET, INC	C.		
DOING BUSINESS		_			
ADDRESS 171 APPI					
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE:	01851	
MANAGER: TELL	, CHHEANG	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
ONE UNNUMBERE ROOM ON FIRST F		OUTH ST. IN ONE R RAGE ONLY	OOM ON FIRST I	FLOOR AND O	NE
2. the license	e has complied v	of the same type for the vith all laws of the Corfor business (If not exp	nmonwealth relatir		
	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATE	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved expla	n)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000120		CITY OR T	TOWN	LOWELL	
APPLICATION FOR	Annual		SED FOR 20	)13		
		CLASS				YEAR
LICENSEE NAME:	A S D K Ram Corp	poration				
DOING BUSINESS A	Ramos Package S	Store				
ADDRESS 77 BRAN	CH STREET					
CITY/TOWN: LOW	ELL	STATE: N	MA ZIP CO	DE:	01851	
MANAGER: Patell,	Sanjay TY	PE OF LICENSE	E:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDRESS			-
DESCRIPTION OF L	ICENSED PREMI	SES:				
IN TWO ROOMS ON STORAGE ONLY	I FIRST FLOOR; I	N TWO ROOMS	S ON FIRST FLC	OR AN	ID CELLAR	FOR
I hereby certify and sv	vear under penalties	s of perjury that:				
1. the renewe	d license will be of	the same type for	r the same premis	ses now	licensed;	
2. the license	e has complied with	n all laws of the C	Commonwealth re	lating to	taxes; and	
3. the premise	es are now open for	business (If not	explain below)			
SIGNED BY						
	Individual, Partner	r or Authorized C	Corporate Officer			
DATE:	TELEPHON	IE NUMBER:				ION NUMBER:
			(Note: ]	NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL I	<b>ICENS</b>	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explai	 n)					
(ii disupproved explai	··· <i>)</i>					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063000121		CITY OR TO	WN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	KAJAL. COI	RP			
DOING BUSINESS A	A HIGHLAN	DS LIQUORS			
ADDRESS 12 BRID	GE STREET				
CITY/TOWN: LOW	/ELL	STATE: MA	ZIP CODE	E: 01851	
MANAGER: PATE	EL, MINA	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PE	REMISES:			
		R FOR SALE AND SER' FLOOR, AND TWO RO			
2. the license	ee has complie	be of the same type for the d with all laws of the Coren for business (If not exp	nmonwealth relat		
	Individual, P	artner or Authorized Cor	orate Officer		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC By:	ENSING AUTH	IORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000122		CITY OR TOV	WN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 427 BRID	GE STREET				
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE	i: 01851	
MANAGER: PATEL C.	L, GIGNESH TY	PE OF LICENSE: F	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	E EMAIL ADDRESS		
DESCRIPTION OF L					
2 UNNUMBERED DO AND CELLAR FOR S		OOM ON FIRST F	LOOR; IN ONE R	OOM ON FIRS	T FLOOR
2. the licensee 3. the premise SIGNED BY	has complied with as are now open for	the same type for the all laws of the Conbusiness (If not ex	nmonwealth relati plain below)		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICATION $\Gamma$ Individual Social $\Omega$	
Please Check Below:				ENSING AUTH	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain	n)				
DATE:					<u> </u>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063000123		CITY OR	. TOWN	LOWELL	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1201 BR	A	IOP, INC.				
CITY/TOWN: LOW	/ELL	STATE: N	IA ZIP C	ODE:	01850	
MANAGER: Garve Josep	•	PE OF LICENSE	:Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRESS			_
DESCRIPTION OF I	LICENSED PREMI	ISES:				
BRIDGE ST AND O EAST SIDE OF BLD FLOOR FOR STORA	G. IN ONE ROOM					
I hereby certify and s	wear under penaltie	s of perjury that:				
	ed license will be of		the same prem	nises now	licensed;	
	e has complied wit		_			
	es are now open for					
SIGNED BY						
SIGI(ED D I	Individual, Partne	r or Authorized C	orporate Office	er		
DATE:	TELEPHON	NE NUMBER:	Е	MPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELTHO	VE IVOIVIBEIX.	(Note	: NOT Inc	dividual Social S	Security Number)
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	:)					
(If disapproved expla	III <i>)</i>					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063000124		CITY OR TOWN	LOWELL	
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
DOING BUSINES	E: L & M LIQUO SS A HELMSFORD ST	DRS, INC			
CITY/TOWN: L	OWELL	STATE: MA	ZIP CODE:	01851	
	ENDONCA, EONIA M.	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
	F LICENSED PRI				
IN ONE ROOM C	ON FIRST FLOOR	AND CELLAR FOR ST	ORAGE		
2. the lice	ensee has complied	e of the same type for the with all laws of the Com n for business (If not expl	nonwealth relating to		
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000125		CITY OR TOWN	LOWELL
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: L & S LIQUORS, INC			
DOING BUSINESS A			
ADDRESS 2 DOVER ST			
CITY/TOWN: LOWELL S	STATE: MA	ZIP CODE:	01851
MANAGER: CHHUON, BUN TYPE OF SONG	F LICENSE:Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ON FIRST FLOOR ONE ROOM FOR SALES ROOM ON FIRST FLOOR AND CELLAR FO			COOLERS; IN ONE
<ol> <li>I hereby certify and swear under penalties of penalties of penalties.</li> <li>the renewed license will be of the same and the licensee has complied with all lands.</li> <li>the premises are now open for busing</li> </ol>	nme type for the nws of the Comr	nonwealth relating to	
SIGNED BY Individual, Partner or A	uthorized Corpo	orate Officer	
DATE: TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)		-	
		-	
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J63000126		CITY OR TOW	VN LOWELL	
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 326 FLETO	CHER STREET				
CITY/TOWN: LOWE	ELL	STATE: MA	ZIP CODE:	01851	
MANAGER: CHHUC SONG	ON,BUN TYI	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
IN ONE ROOM ON FI STORAGE ONLY	IRST FLOOR; IN	FOUR ROOMS ON	N FIRST FLOOR A	AND CELLAR	FOR
2. the licensee 3. the premises SIGNED BY	has complied with s are now open for	the same type for the all laws of the Conbusiness (If not exp	nmonwealth relatir		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICA'	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000127		CITY OR TOWN	LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: KOMPONG THOM M DOING BUSINESS A ADDRESS 1300 GORHAM ST	ARKET, INC.			
	STATE: MA	ZIP CODE:	01851	
	F LICENSE: Pa		ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE UNNUMBERED DOOR ON RIGHT ST BASEMENT FOR STORAGE ONLY	IDE OF BLDG.	IN ONE ROOM ON	FIRST FLO	OR; IN
I hereby certify and swear under penalties of p	erjury that:			
1. the renewed license will be of the s	ame type for the	same premises now	licensed;	
2. the licensee has complied with all l	aws of the Com	nonwealth relating to	taxes; and	
3. the premises are now open for busi	ness (If not expl	ain below)		
SIGNED BY				
Individual, Partner or A	Authorized Corp	orate Officer		
DATE: TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	ON NITIMBED.
(Note: NOT Individual Social Security Nun				
			ividual Social S	
			ividual Social So	
Please Check Below:		(Note: <u>NOT</u> Ind		ecurity Number)
Please Check Below: APPROVED:		(Note: NOT Ind		ecurity Number)
		(Note: <u>NOT</u> Ind		ecurity Number)
APPROVED:		(Note: NOT Ind		ecurity Number)
APPROVED: DISAPPROVED:		(Note: NOT Ind		ecurity Number)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063000128		CITY OR TOWN	LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013	3
		CLASS		Y	EAR
DOING BUSINESS	ORNELAS ENTERPRIS  A ORNELAS LIQUORS	SES, INC.			
ADDRESS 1012 GO					
CITY/TOWN: LOW	ELL S'	TATE: MA	ZIP CODE:	01851	
MANAGER: ORN. TERE		LICENSE: Pac	kage Store CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES:				
	ED DOORS ON GORHAN FLOOR AND CELLAR F			FLOOR; IN TH	HREE
I hereby certify and s	wear under penalties of pe	rjury that:			
1. the renewe	ed license will be of the sa	me type for the	same premises now	licensed;	
2. the license	e has complied with all la	ws of the Comn	nonwealth relating to	taxes; and	
3. the premis	es are now open for busin	ess (If not expla	nin below)		
SIGNED BY	Individual, Partner or Au	nthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICATIO	N NUMBER:
	1222110112110	.,	(Note: NOT Ind	ividual Social Secu	urity Number)
Please Check Below:			LOCAL LICENS	ING AUTHOR	RITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved expla	in)				
					<del></del>
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06300	0129	CITY OR TOWN LOWELL	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: JO &	NI INC		
DOING BUSINESS A R &	M LIQUORS		
ADDRESS 815 LAKEVIEW	AVENUE		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01851	
MANAGER: RODRIGUE LEONELL	, TYPE OF LICENSE:P	cackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
	OR IN REAR. IN ONE ROOM ( BASEMENT ROOMS FOR ST	ON FIRST FLOOR; IN TWO ROO ORAGE	OMS ON
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licen	se will be of the same type for the	ne same premises now licensed;	
2. the licensee has c	omplied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are r	now open for business (If not exp	plain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized Cor	porate Officer	
D.A.WE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA'	
		(Note: <u>NOT</u> Individual Social s	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			_
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06300013	,0	CITY OR TOWN LOWEL	L
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: JANUAR	EO D. PEREIRA & SONS II	NC.	
DOING BUSINESS A TURCO	TTE LIQUORS		
ADDRESS 412-24 LAWRENC	E ST		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01851	
MANAGER: PEREIRA, JANUAREO D.	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE UNNUMBERED DOOR I ON YARD OFF ROGERS ST. I			ED DOOR
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for th	e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating to taxes; an	d
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY			
Individua	l, Partner or Authorized Corp	oorate Officer	
DATE.			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
		(2.000) 2.002 Individual poets	a Security (vaniser)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000131		CITY OR TOWN	LOWELL
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: KENNETH SA DOING BUSINESS A REX LIQUO		LA SANTOS	
ADDRESS 68 MAMMOTH ROAD			
CITY/TOWN: LOWELL	STATE:	MA ZIP CODE:	01851
MANAGER:	TYPE OF LICENSI	E:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRI			
IN ONE ROOM ON FIRST FLOOR SECOND FLOOR AND BASEMEN			NE ROOM ON
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for	or the same premises now	licensed;
2. the licensee has complied		=	
3. the premises are now open			,
SIGNED BY			
	rtner or Authorized (	Corporate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		·	
(If disapproved explain)			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06300	0132	CITY OR TOWN	LOWELL
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PLEA	SANT SPIRITS INC.		
DOING BUSINESS A			
ADDRESS 358 MAMMOTE	ł ROAD		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01851
MANAGER: SENGKEOM PHETMAN	IYXAY,TYPE OF LICENSE:F YVANH	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
IN ONE ROOM ON FIRST STORAGE ONLY	FLOOR; IN THREE ROOMS (	ON FIRST FLOOR AN	ND CELLAR FOR
3. the premises are n	omplied with all laws of the Corow open for business (If not exdual, Partner or Authorized Corow	plain below)	o taxes; and
Indivi	radi, I didici of Hadioitzed Col	portite Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)		-	
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0630	00133	CITY OR TOWN	LOWELL
APPLICATION FOR REN	EWAL: Annu	al LICENS	SED FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: EXC	EL PACKAGE STORE,INC	Y	
DOING BUSINESS A			
ADDRESS 611-13 MERRI	MACK ST		
CITY/TOWN: LOWELL	STATE:	MA ZIP CODE:	01851
MANAGER: TAVOULA JOHN N	RIS, TYPE OF LICEN	SE: Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
IN ONE ROOM ON FIRST STORAGE	FLOOR; IN TWO ROOM	S ON FIRST FLOOR AND	CELLAR FOR
	complied with all laws of the now open for business (If no	=	o taxes; and
	idual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:		-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063000134		CITY OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	SARCINSHE, INC				
ADDRESS 421 CEN					
CITY/TOWN: LO		STATE: MA	ZIP CODE:	01851	
MANAGER: EM,		E OF LICENSE: Pac			All Alcohol
		E OF LICENSE.Fac	Kage Store Cr	ATEGORI.	All Alcohol
EMAIL ADDRESS:		BOWE AND ENVERN WOMEN	KAW A PROPERTY		
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI LICENSED PREMIS		IAIL ADDRESS		
	FIRST FLOOR; TWO		ST FLOOR, AND B	ASEMENT I	FOR
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of the control	he same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE					
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved expl	aiii <i>)</i>				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000135	CITY OR TOWN LOWELL
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
	CLASS YEAR
LICENSEE NAME: TLC PACKAGE STORE,	INC.
DOING BUSINESS A JULIE LIQUOR	
ADDRESS 277 SCHOOL ST	
CITY/TOWN: LOWELL ST	ATE: MA ZIP CODE: 01851
MANAGER: CHHOUN, NAYSEAN	LICENSE: Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SCHOOL ST AND ONE UNNUMBERED DOO ONE ROOM ON FIRST FLOOR AND CELLAR	OR IN REAR. IN ONE ROOM ON FIRST FLOOR; IN R FOR STORAGE
	ne type for the same premises now licensed; ys of the Commonwealth relating to taxes; and ss (If not explain below)
SIGNED BY Individual, Partner or Aut	horized Corporate Officer
DATE: TELEPHONE NUM	MBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
	<u> </u>
DATE:	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000137		CITY OR TOV	VN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 303-05 WI		ACKAGE STORE, INC			
CITY/TOWN: LOWI	ELL	STATE: MA	ZIP CODE	: 01851	
MANAGER: TELL,	SUNNAK	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
ONE UNNUMBERED BASEMENT FOR ST		REAR OF BLDG. IN ON	E ROOM ON FIR	RST FLOOR; IN	
3. the premise SIGNED BY	s are now ope	d with all laws of the Coren for business (If not expanded)	plain below)	ng to taxes; and	
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICI	ENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000139		CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SOTORIOS	SOTIRIOU		
DOING BUSINESS A MILAN P	IZZA		
ADDRESS 688 ROGERS STREE	T		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850-54	
MANAGER:	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED P	'REMISES:		
TWO UNNUMBERED DOORS ( FOR RESTAURANT; THREE RO STORAGE ONLY			
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	e same premises now licensed;	
2. the licensee has compli-	ed with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now of	pen for business (If not exp	lain below)	
SIGNED BY Individual,	Partner or Authorized Corp	oorate Officer	
DATE:			
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
		(1766). 1701 Individual Social C	security (valider)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the hea	nd of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:		-	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000140		CITY OR TOWN	LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	<u>.</u>	ORATION			
ADDRESS 23 WOOD	ST				
CITY/TOWN: LOW	ELL	STATE: N	MA ZIP CODE:	01851	
MANAGER: SONA	L J. PATEL TYP	E OF LICENSE	:Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
WOOD ST AND ONE ONE ROOM ON FIR:			R. IN ONE ROOM ON	FIRST FLOC	OR; IN
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of t	he same type for	the same premises now	licensed;	
2. the licensee	has complied with	all laws of the C	Commonwealth relating t	o taxes; and	
3. the premise	es are now open for l	ousiness (If not e	explain below)		
SIGNED BY	Individual Dommon	on Authorized C	lamanata Offican		
	Individual, Partner	or Authorized C	orporate Officer		
DATE:	TELEDIJONI	E MUMDED.	EMPI OVEI	2 IDENTIFICAT	ION NUMBER:
2.112.	TELEPHONI	i NUMBER:			ecurity Number)
DI CLIDI					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:	7		By:		
(If disapproved explain	 n)				
DATE:					



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LICENSE NUMBE	X: 063000142		CITY OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	ATP RESTAURAN	T, INC.			
DOING BUSINESS	A COBBLESTONES	S			
ADDRESS 91 DUT	TON STREET				
CITY/TOWN: LO	WELL	STATE: MA	ZIP CODE:	01852	
MANAGER: PLA	TH, SCOTT D. TYP	E OF LICENSE: Res	staurant C	ATEGORY: All Alco	ohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
FOR SALE AND SI	ERVICE OF ALCOHO	OLIC BEVERAGES	; ALL ROOMS ON	FIRST, SECOND	
	ORS EXCEPT KITCHI				
				3 SQ FT ADJACENT	
	TDOOR PATIO WES ING AREA APPROX			CATENSION OF	
	swear under penalties	_	orror pridzr.		
•	ved license will be of the		same premises nov	/ licensed:	
	see has complied with	* *	•		
	ises are now open for b		_	to taxes, and	
3. the premi	ses are now open for t	ousiness (if not expit	un ociow)		
SIGNED BY	Individual Partner	or Authorized Corpo	rata Officar		
	marviduai, Farmer	or Authorized Corpo	rate Officer		
DATE:	TELEDIJONI	E NIII ADED.	EMPLOYE	R IDENTIFICATION NUM	RFR.
21121	TELEPHONE	E NUMBEK:		dividual Social Security Nur	
			( · · · · · <u>- · · · · · · · · · · · · · </u>	arviauur Sooiur Soourity 1 var	11001)
We the undersigne	d, attest that we are	in possession (1) the	e certificate requir	ed by Chapter 304 of	the
	d by the building insp				
named license and of 2010.	(2) the certificate of l	liquor liability insu	rance required by	Chapter 116 of the A	.cts
Please Check Below: APPROVED:				SING AUTHORITY	
			By:		
DISAPPROVED:	 oin)				
(If disapproved expl	ain)				_
					_
DATE.					_
DATE:					



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LICENSE NUMBER: 063000145		CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: WAH SANC	RESTAURANT, INC.		
DOING BUSINESS A			
ADDRESS 457 CHELMSFORD S	TREET		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850-54	
MANAGER: LEE, SALLY	TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PI	REMISES:		
ONE UNNUMBERED DOOR ON SOUTH SIDE, AND ONE UNNU! ON FIRST FLOOR FOR RESTAU AREA, KITCHEN, AND STORAC	MBERED DOOR ON THE TRANT; AND THREE ROO	WEST SIDE OF BLDG. IN O	NE ROOM
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the s	same premises now licensed;	
2. the licensee has complie	d with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now op	en for business (If not explain	in below)	
DATE.	Partner or Authorized Corpor		TION NUMBER.
TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that v	we are in possession (1) the		
Acts of 2004, signed by the build named license and (2) the certific of 2010.			
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 063000149		CITY OR TOWN LOWELL	•
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HOANG TRANH N	GUYEN		
DOING BUSINESS A PHO 88			
ADDRESS 1270 WESTFORD STREET			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850	
MANAGER: NGUYEN, HOANG TYPE TRANH	OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
LOCAL BOARD APPROVED ALTERAT KITCHEN AREAS, APPROX 1600 SQ. F			)
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th	e same type for the	same premises now licensed;	
2. the licensee has complied with a	ll laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open for b	usiness (If not expla	ain below)	
SIGNED BY			
Individual, Partner o	r Authorized Corpo	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
		(Note: <u>NOT</u> Individual Social	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	l of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		<del></del>	<del></del> -
DATE:			



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LICENSE NUMBE	K: 063000152		CI	IY OR TOW	LOWELL	
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME DOING BUSINESS	: 99 RESTAURANTS S A	OF BOSTON	,LLC			
ADDRESS 850 CH	ELMSFORD STREET					
CITY/TOWN: LO	WELL	STATE: N	ΜA	ZIP CODE:	01850-54	
MANAGER: DO' JEF	WARD, TYPE FREY	OF LICENSE	E:Restaur	ant (	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:				
WALK-IN FREEZI	ILH, ONE ROOM FOR ER, TWO WALK IN CO ND EMPLOYEE ROOM	OOLERS, THE				
3. the prem	ises are now open for be					
DATE:				EMDLOV	ER IDENTIFICAT	FION NUMBER.
DITTE.	TELEPHONE	NUMBER:			Individual Social S	
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the	head of	the fire depai	rtment for the	above
Please Check Below:			L	OCAL LICEN	NSING AUTH	ORITY
APPROVED:				y:		
DISAPPROVED: (If disapproved expl	loin)					
(11 disapproved exp.	iaiii <i>)</i>		_			
			_			
DATE:						



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LICENSE NUMBER	R: 063000159		CITY	OR TOWN	1 LOWELL	
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CEC ENTERTAI	NMENT, INC				
DOING BUSINESS	A CHUCK E. CHE	EESE'S				
ADDRESS 209 PLA	IN STREET					
CITY/TOWN: LOV	VELL	STATE: MA	ZI	IP CODE:	01850	
MANAGER: CAR	AS, MICHAEL TY	PE OF LICENSE:R	estaurant	t (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADD	PRESS		_
DESCRIPTION OF						
SINGLE STORY ST AND SKILLS AREA COOLER, STORAG	A; IN ADDITION, A	A CUSTOMER SER				
I hereby certify and s	wear under penaltie	es of periury that:				
• •	•	f the same type for the	ne same p	oremises no	w licensed;	
2. the licens	ee has complied wit	h all laws of the Con	nmonwea	alth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not exp	olain belo	ow)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Of	fficer		
DATE:	TELEPHON	NE NUMBER:	(		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and the he	ad of the	e fire depai	rtment for the	above
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	1111)		-			
DATE:			-			



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LICENSE NUMBEF	R: 063000169		CITY	OR TOWN	LOWELL	
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME:	WKA INVEST	MENTS,LLC				
DOING BUSINESS	A THE BREWE	ERY EXCHANGE				
ADDRESS 201 CAE	BOT STREET					
CITY/TOWN: LOV	WELL	STATE:	MA Z	IP CODE:	01852	
MANAGER: BRA WAY		TYPE OF LICEN	SE:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF		JR WEBSITE AND ENTER	YOUR EMAIL ADI	ORESS		
2. the license	TION GAME AIT FLR; 3 ROOM function room on swear under penaled license will be ee has complied when the complied with the complete when the complete will be easily to be a complete when the complete will be easily to be a complete with the complete will be	REA. 205 CABO S FOR MOVIE T second floor	T ST; THREE HEATER, CO t: for the same per Commonwer	E UNNUMB ONCESSION oremises now alth relating t	ERED DOOR J. 2ND FLR;  v licensed;	
SIGNED BY	Individual, Par	tner or Authorized	Corporate O	fficer		
DATE:	TELEPH	ONE NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	g inspector and th	e head of the	e fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOO By:	CAL LICENS	SING AUTHO	ORITY
DATE:			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 063000171		CITY OR TOWN LO	WELL
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: KILKENNY	PUB, INC.		
DOING BUSI	NESS A KILKENN	Y PUB		
ADDRESS 66	0 ROGERS STREET	•		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 018	350
MANAGER:	BARRETT, RICHARD S.	TYPE OF LICENSE: Ro	estaurant CATEO	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PF			
			, AND EAST SI DE OF BI R KITCHEN, ONE ROO M	
I hereby certify	y and swear under per	nalties of perjury that:		
		• •	e same premises now licen	
	•		monwealth relating to taxe	es; and
3. the	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
			(Note: NOT Individua	l Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	he certificate required by nd of the fire department urance required by Chap	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	а слрівііі)			
DATE:				



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LICENSE NUMI	BER: 063000174		CITY OR TOWN LOWELI	L
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: BLUE SHAM	IROCK, INC		
DOING BUSINE	ESS A			
ADDRESS 105 N	MARKET ST			
CITY/TOWN: I	LOWELL	STATE: MA	ZIP CODE: 01850	
	ETRAKOS, NICHOLAS C.	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PR			
ADD SIDEWAL PALMER STRE		ENCLOSED AND SECO	ND UN- NUMBERED DOOR	CON
I hereby certify a	nd swear under pen	alties of perjury that:		
1. the rea	newed license will l	be of the same type for the	same premises now licensed;	
2. the lic	ensee has complied	l with all laws of the Comr	nonwealth relating to taxes; and	d
3. the pro	emises are now ope	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Socia	I Security Number)
Acts of 2004, sig	gned by the building	ng inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 1	ne above
Please Check Below:	<u>:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	Apiaiii)			
			-	<del></del>
DATE:				



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LICENSE NUMBER:	063000175		CITY OR TOWN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	WILLIAM THEOFII	LOPOULOS		
DOING BUSINESS A	JIMMY'S PIZZA T	00		
ADDRESS 480 CHEL	MSFORD STREET			
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE: 01854	
MANAGER:	TYPE	OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISE	S:		
3 ROOMS ON ONE F	LOOR AND CELLA	R. 5 EXITS. ONE	ON CADY ST., FOUR ON SID	DES.
I hereby certify and sw	vear under penalties of	f perjury that:		
1. the renewed	d license will be of the	e same type for the	same premises now licensed;	
2. the licensee	has complied with al	l laws of the Comn	nonwealth relating to taxes; and	
3. the premise	es are now open for bu	ısiness (If not expla	in below)	
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section 1)	
Acts of 2004, signed	by the building inspe	ector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				
	AL MILET BE EILED DV LICE	ENGEES DUDING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	164)
ALLECATION FOR RENEWA	AL MICOL DE LILED DI LICE	MIND THE DIVING THE MI	DIVITION NO VENIDER (M.G.L. CII, 138 \$ 1	iua)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000180	(	CITY OR TOWN LOWELI	_
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: COSTA VI DOING BUSINESS A LA PRAI ADDRESS 1717 MIDDLESEX S	DERA		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850	
MANAGER: LY, LUIS	TYPE OF LICENSE: Resta	urant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
ONE ROOM FOR LOUNGE AN		OM FOR KITCHEN	_
2. the licensee has complete 3. the premises are now of SIGNED BY	ill be of the same type for the same type for the same died with all laws of the Common open for business (If not explain Partner or Authorized Corpora	onwealth relating to taxes; and below)	I
marviduai,	Partner of Authorized Corpora	ne Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	ding inspector and the head o	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000182		CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BKDE LIQUO DOING BUSINESS A LOWELL L			
ADDRESS 638 ROGERS STREET			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01850	
MANAGER: EVANS, DAVID	TYPE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
the licensee has complied     3. the premises are now ope  SIGNED BY	with all laws of the Comm		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 063000183	•	CITY OR TOWN LOV	VELL
APPLICATION FO	OR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: CHHUON, IN	C.		
DOING BUSINES	S A HONG KON	IG RESTAURANT		
ADDRESS 308-10	WESTFORD ST	REET		
CITY/TOWN: LC	OWELL	STATE: MA	ZIP CODE: 018	50
	NSONG, HUON	TYPE OF LICENSE: Rest.	aurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	F LICENSED PRI	EMISES:		
		MBERED DOORS ON TH ION ROOM, KITCHEN, S		
I hereby certify and	l swear under pena	alties of perjury that:		
1. the rene	wed license will b	e of the same type for the s	ame premises now licens	sed;
2. the licer	see has complied	with all laws of the Commo	onwealth relating to taxes	s; and
3. the pren	nises are now oper	n for business (If not explai	n below)	
SIGNED BY	Individual. Pa	rtner or Authorized Corpor	ate Officer	
	11101   10001, 1 0	Tuner or Traumornate Corpor	<b></b>	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
	TEEET I	TOTAL TROMBER.	(Note: NOT Individual	Social Security Number)
Acts of 2004, sign	ed by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insur	of the fire department f	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			
			-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 063000184		CITY OR TOW	N LOWELL	
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	E: JOHN CARLOS, I S A SPORTS PAGE		LOUNGE		
		CTATE. M	ZID CODE.	01050	
CITY/TOWN: LC		STATE: MA		01850	
MANAGER: RE	SENDES, JOHN TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS		
LOCAL BOARD A	F LICENSED PREMI APPROVED ALTERA E OF RESTAURANT	ATIONS OF PREM		G OUTDOOR	SERVICE
2. the licer	ewed license will be of usee has complied with uses are now open for	all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the h	ead of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] 		LOCAL LICEI By:	NSING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 063000188		CITY OR TOWN LOWELL	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: SENGLY SN	JACKS CORP		
DOING BUSI	NESS A EGGROLL	CAFE'		
ADDRESS 11	0 UNIVERSITY AV	ENUE		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01854	
MANAGER:	KIT, SENGLY SONG	TYPE OF LICENSE: R	Restaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISTI N OF LICENSED PI	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
1. the 2. the	renewed license will licensee has complie	* *	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildi	ing inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Bell APPROVED:	ow:		LOCAL LICENSING AUTH By:	IORITY
DISAPPROVI (If disapproved	<u> </u>			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER:	063000194		CITY OR TOWN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAME:	DIAMOND AC	TION, INC.		
DOING BUSINESS A	LOWELL SPI	NNERS		
ADDRESS 450 AIKE	N STREET			
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE: 01854	
MANAGER: WEBE	ER, DREW T	YPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	MISES:		
I hereby certify and sw	-	- · ·		
		• •	same premises now licensed;	
	•		monwealth relating to taxes; and	
3. the premise	s are now open i	for business (If not expl	am below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpo	orate Officer	
	,			
DATE:	TEI EDHO	ONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TEEETIN	JIL IVONIDER.	(Note: NOT Individual Social	Security Number)
<b>33</b> 7 (1 1 1 1 1	44 441 4		400 A 11 CI	4 204 641
			e certificate required by Chap d of the fire department for the	
, 0	•	_	rance required by Chapter 11	
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				
APPLICATION FOR RENEWA	AL MUST BE FILED B	Y LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000195	C	TITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAF	R
LICENSEE NAME: TR ENTERPRISES	S, INC.		
DOING BUSINESS A			
ADDRESS 135 CENTRAL STREET			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: SERRANO, REY TYP	E OF LICENSE: Resta	urant CATEGORY: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS	BSITE AND ENTER YOUR EMAI ES:	L ADDRESS	
I hereby certify and swear under penalties  1. the renewed license will be of t  2. the licensee has complied with  3. the premises are now open for l	he same type for the sa all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpora	te Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NO (Note: NOT Individual Social Security)	
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	pector and the head o	f the fire department for the above	•
Please Check Below: APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	<i></i>
DATE:			



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LICENSE NUMBE	K: 063000197		CI	IY OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annua	ւ	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME DOING BUSINESS		CAFE TRATTORIA	A, INC.			
ADDRESS 110 GO	RHAM ST					
CITY/TOWN: LO	WELL	STATE:	MA	ZIP CODE:	01852	
MANAGER: ROURIC	JRKE, HARD P.	TYPE OF LICENS	SE:Restau	rant (	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		_
	FLOOR-TWO	EAST SIDE AND O ROOMS FOR REST.		-		
2. the licen	see has complied ises are now open	be of the same type f d with all laws of the en for business (If no artner or Authorized	Common t explain b	wealth relating		
	,		·			
DATE:	TELEF	PHONE NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, signe	ed by the buildi	ve are in possession ng inspector and the ate of liquor liability	e head of	the fire depar	tment for the	above
Please Check Below:			L	OCAL LICEN	ISING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED: (If disapproved expl	Lain)		-			
(== disapproved onp.	·•/		_			
			_			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000198	(	CITY OR TOWN	LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: QSC RESTAU	JRANT MANAGEMENT (	GROUP, INC.		
DOING BUSINESS A GOOD THY	MES FAMILY RESTAUR.	ANT		
ADDRESS 1278 GORHAM ST				
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01851	
MANAGER: Boutin, James	TYPE OF LICENSE: Resta	urant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRE	OUR WEBSITE AND ENTER YOUR EMA EMISES:	IL ADDRESS		
I hereby certify and swear under pena	alties of perjury that:			
1. the renewed license will b	- v ·	ame premises now	licensed;	
2. the licensee has complied	with all laws of the Commo	nwealth relating to	taxes; and	
3. the premises are now open	n for business (If not explain	n below)		
SIGNED BY				
SIGNED BY Individual, Pa	rtner or Authorized Corpora	nte Officer		
	rtner or Authorized Corpora	ate Officer		
Individual, Pa	rtner or Authorized Corpora	ate Officer		
Individual, Pa	rtner or Authorized Corpora	EMPLOYER		ION NUMBER:
Individual, Pa				
Individual, Pa	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departi	ividual Social So ed by Chapto nent for the	er 304 of the above
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.  Please Check Below:	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departi	ividual Social S	er 304 of the above of the Acts
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.  Please Check Below: APPROVED:	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: <u>NOT</u> Indicertificate require of the fire departi	ividual Social S	er 304 of the above of the Acts
DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: NOT Indecertificate require of the fire departs unce required by  LOCAL LICENS	ividual Social S	er 304 of the above of the Acts
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.  Please Check Below: APPROVED:	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: NOT Indecertificate require of the fire departs unce required by  LOCAL LICENS	ividual Social S	er 304 of the above of the Acts
DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	HONE NUMBER: e are in possession (1) the organization in the properties of the head of the head organization.	EMPLOYER (Note: NOT Indecertificate require of the fire departs unce required by  LOCAL LICENS	ividual Social S	er 304 of the above of the Acts



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LICENSE NUMBER: 063000	202	CITY OR TOWN LOWELL	
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: TIGER	DANG CORPORATION		
DOING BUSINESS A DALA	T RESTAURANT		
ADDRESS 475 CHELMSFOR	RD_ST		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01851	
MANAGER: NGUYEN, UY DANG	TYPE OF LICENSE:R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
		ORS ON SOUTH SIDE OF BUIL ROOMS FOR KITCHEN AND ST	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Corp	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the b	ouilding inspector and the he	the certificate required by Chapt ad of the fire department for the surance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 063000203		CITY OR TOWN	LOWELL
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 2 COUSINS, INC. DOING BUSINESS A MOLLY KAY'S ADDRESS 489 MIDDLESEX ST			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01851
MANAGER: REGAN, PAUL E. TYPE			ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE FIRST FLOOR; TWO ROOMS FOR RES' ROOMS, BASEMENT FOR STORAGE		GE; KITCHEN ARE	EA, TWO STORAGE
1. the renewed license will be of th     2. the licensee has complied with a     3. the premises are now open for b  SIGNED BY  Individual, Partner of	all laws of the Commusiness (If not expla	nonwealth relating to in below)	
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of light of 2010.	ector and the head	of the fire departn	nent for the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 063000204		CITY OR TOWN LOWELI	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: J & I RESTAURA	NT INCORPORATE	D	
DOING BUSINESS A FORTUNATO'S			
ADDRESS 44 PALMER ST			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: AYYUB, YOUSEF TY A.	PE OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
UNUMBERED DOOR PALMER ST.SC LOUNGE, DINING ROOM, KITCHEN, RM, OFFICE, BASEMENT, STORAGE, I ST. APPOX.256 SQ. FT. AND EXTEN ON PALMER ST. 500 SQ.FT. ON MID	2ND FL.DINING PREP,AREA,SIDEWA ΓΙΟΝ OF SIDEWALK	LK OF WEST SIDE SIDE;O	
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the	same premises now licensed;	
2. the licensee has complied with		=	d
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY Individual, Partne	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000205		CITY OR TOW	N LOWELL
APPLICATION FOI	R RENEWAL:	Annual	LICE	INSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OASIS GRILL AN	ND RESTAURAN	NT, INC.	
DOING BUSINESS	A OASIS GRILL A	AND RESTAURA	ANT	
ADDRESS 910-12 (	GORHAM STREET			
CITY/TOWN: LOV	WELL	STATE: N	ZIP CODE:	01852
MANAGER: ESPI	NOLA, JOEL S.TY	PE OF LICENSE	:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI		UR EMAIL ADDRESS	
2. the licens	ved license will be of	the same type for h all laws of the C	r the same premises no commonwealth relating explain below)	
SIGNED BY	Individual, Partne	r or Authorized C	orporate Officer	
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the	head of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICEN By:	NSING AUTHORITY
DATE:				



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LICENSE NUMBER: 0	63000206		CITY OR TO	WN LOWELL	
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	KANDON, INC.				
DOING BUSINESS A	THE OLD COURT				
ADDRESS 029-31 CEI	NTRAL STREET				
CITY/TOWN: LOWE	LL	STATE: MA	ZIP CODE	E: 01852	
MANAGER: MURPI JEREM		OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIG	EASE ALSO VISIT OUR WEBS CENSED PREMISE		EMAIL ADDRESS		
I hereby certify and swe	ear under penalties of	f perjury that:			
•	license will be of the		e same premises	now licensed;	
	has complied with al	* -	•		
3. the premises	are now open for bu	isiness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE :	NUMBER:		OYER IDENTIFICA $oldsymbol{ ilde{I}}$ Individual Social	
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspe	ector and the hea	d of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:	I		By:		
DISAPPROVED: [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	1				
(11 disappioved explain	,				
DATE:					
APPLICATION FOR RENEWAL	. MUST BE FILED BY LICE	ENSEES DURING THE I	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	000207		C	ITY OR TO	OWN	LOWELL	
APPLICATION FOR REI	NEWAL:	Annu	ıal	L	ICEN	SED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: AM	IAE RESTAUR	ANT,LLC					
DOING BUSINESS A B	LACK KOI RES	STAURANT	& LOUNG	GE			
ADDRESS 602-08 MERF	RIMACK ST.						
CITY/TOWN: LOWELI		STATE:	MA	ZIP COD	DE:	01854	
MANAGER: VU,THE	QUOC TYP	PE OF LICEN	SE:Restau	ırant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
	E ALSO VISIT OUR WI		YOUR EMAII	L ADDRESS			
DESCRIPTION OF LICE				AND OFFI	ICE D		LEOD
FIRST FLOOR; ONE RO STORAGE	OM FOR REST	TAURANT, K	ITCHEN	AND OFFI	ICE; E	BASEMENT	FOR
I hereby certify and swear	under nenalties	of periury the	nt·				
1. the renewed lice		1 3 .		me premise	s now	licensed;	
2. the licensee has		• •		•			
3. the premises ar	e now open for	business (If n	ot explain	below)			
SIGNED BY	P. 14. at Destern	an A dhani	1.0	0.00			
Ind	lividual, Partner	or Authorized	ı Corporat	te Officer			
DATE:	TEI EDUON	E NUMBER:		EMP	LOYER	R IDENTIFICA	TION NUMBER:
	TELETHON	L NUMBER.					Security Number)
Wo the understand of		·	(1) 4ha a	<b>.:::</b> :		ad bar Cham	4an 204 af 4h a
We the undersigned, att Acts of 2004, signed by t							
named license and (2) the of 2010.	e certificate of	liquor liabili	ty insurai	nce require	ed by	Chapter 11	6 of the Acts
Please Check Below:				LOCAL LI	CENO	INC AUTH	ODUTY
APPROVED:				local li By:	CENS	SING AUTH	ORITY
DISAPPROVED:			-	By.			
(If disapproved explain)							
DATE:							
DATE.							



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LICENSE NUMBER: 063000208		CITY OR TOWN LOV	VELL
APPLICATION FOR RENEWAL:	Annual	LICENSED F	FOR 2013
	CLASS		YEAR
LICENSEE NAME: OUTBACK STEADOING BUSINESS A OUTBACK BUSINESS A BUSINE		DA,LLC	
ADDRESS 28 REISS AVE	HITOUSE		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 018	51
	PE OF LICENSE: Rest		ORY: All Alcohol
	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
ONE STORY, 6163 SQ FT DINING AREA, KITCHEN, STORAGE AREA, O	EA, BAR/LOUNGE A	AREA, WAITING AREA	, FOOD PREP
1. the renewed license will be of a complied with a complied with a complied with a complied by Tadividual Portror.  Individual Portror	the same type for the same all laws of the Comm	onwealth relating to taxes in below)	
murviduai, Fartilei	of Authorized Corpor	ate Officer	
DATE: TELEPHON	E NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire department f	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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LICENSE NUMBER: 063000209	Cl	TY OR TOWN LOWEL	L
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: Q & Q RESTAURA DOING BUSINESS A CHINA BUFFET			
ADDRESS 199 Plain St			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: LIN, QIONG TYP	PE OF LICENSE: Restau	rant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS FIRST FLOOR DINING ROOM, KITCH		ADDRESS	_
1. the renewed license will be of the second s	the same type for the sar all laws of the Common business (If not explain	wealth relating to taxes; an below)	d
individual, Partner	or Authorized Corporat	e Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head of	the fire department for t	he above
Please Check Below: APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBI	ER: 063000210		CITY OR TOWN LOWELL	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSINES	E: BACKSTAGE CON S A MERRIMACK STREI			
CITY/TOWN: LC	OWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: MC F.	CKAY, THOMAS TYPI	E OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS	S:			
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI F LICENSED PREMIS		AIL ADDRESS	
<ol> <li>the rene</li> <li>the licer</li> </ol>		ne same type for the sall laws of the Comm	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ed by the building insp	pector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] [] olain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED BY LIC	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBEI	R: 063000212		CITY OR T	OWN LOW	'ELL
APPLICATION FO	R RENEWAL:	Annual	Ι	LICENSED F	OR 2013
		CLASS			YEAR
DOING BUSINESS	THE MIDDLE STR		E, INC.		
ADDRESS 092-98 1					
CITY/TOWN: LOV	WELL	STATE: N	IA ZIP CO	DE: 0185	52
MANAGER: KAP F.	PLAN, ALLAN TYPE	E OF LICENSE	:Restaurant	CATEGO	ORY: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDRESS		
SOUTH SEDE,FIRS	REET,THREE UNNU ST FL. TWO ROOMS OOMS FOR REST, BA T. AND EXTENSION EET.`	FOR REST. ,K SEMENT STO	ITCHEN AND S DRAGE SIDEWA	ERVICE ARI LK SEATIN	EA ,SECOND G
I hereby certify and	swear under penalties o	of perjury that:			
1. the renew	ved license will be of th	e same type for	the same premise	es now license	ed;
	see has complied with a			ating to taxes	; and
3. the premi	ises are now open for b	usiness (If not	explain below)		
SIGNED BY	Individual, Partner o	r Authorized C	orporate Officer		
DATE:	TELEPHONE	NUMBER:			TIFICATION NUMBER: Social Security Number)
Acts of 2004, signe	ed, attest that we are ind d by the building insp (2) the certificate of li	ector and the	head of the fire d	lepartment fo	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL L By:	ICENSING A	UTHORITY
. 11	,				
DATE:					



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LICENSE NUMBER: 0630002	16	CITY OR TOWN LOW	VELL
APPLICATION FOR RENEW	AL: Annual	LICENSED F	FOR 2013
	CLASS		YEAR
LICENSEE NAME: SUNNY DOING BUSINESS A ADDRESS 454 CHELMSFOR			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 018	51
MANAGER: MAN, SUN	TYPE OF LICENSE:R	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSE 454 CHELMSFORD ST AND RESTAURANT/FUNCTION H	THREE UNNUMBERED DO	OORS. FIRST F LOOR ONI	E ROOM FOR
2. the licensee has com 3. the premises are now SIGNED BY	or penalties of perjury that:  will be of the same type for the applied with all laws of the Control of the work open for business (If not expand), Partner or Authorized Corp.	nmonwealth relating to taxes	
marvidu	ar, rather of rathorized Cor		
DATE: TE	ELEPHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and the he	ad of the fire department f	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	000219	CITY	OR TOWN LO	WELL
APPLICATION FOR REI	NEWAL: An	nual	LICENSED 1	FOR 2013
	CL	ASS		YEAR
LICENSEE NAME: PAI DOING BUSINESS A PA	ILIN RESTAURANT,INC. AILIN RESTAURANT			
ADDRESS 0006-8 BRAN	ICH STREET			
CITY/TOWN: LOWELL	STATE	: MA ZI	P CODE: 018	351
MANAGER: AN, RASY	Y TYPE OF LICE	NSE:Restaurant	CATEC	GORY: All Alcohol
EMAIL ADDRESS:  PLEASI	E ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADD	RESS	
DESCRIPTION OF LICE	NSED PREMISES:			
<ol> <li>the renewed lic</li> <li>the licensee has</li> </ol>	under penalties of perjury tense will be of the same types complied with all laws of the now open for business (If	be for the same p the Commonwea	lth relating to taxe	
SIGNED BY	ividual, Partner or Authoriz	ed Corporate Of	ficer	
DATE:	TELEPHONE NUMBER			TIFICATION NUMBER: I Social Security Number)
Acts of 2004, signed by t	est that we are in possession the building inspector and the certificate of liquor liab	the head of the	fire department	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	AL LICENSING	AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 063000223		CITY OR TOWN LOWELI	4
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A STORE 38 LIQU	JORS		
ADDRESS 6 LAUR				
CITY/TOWN: LO		STATE: MA	ZIP CODE: 01852	
MANAGER: NIT	IN PATEL TY	PE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMI	VEBSITE AND ENTER YOUR EN	AAIL ADDRESS	
2. the licens 3. the premi	ved license will be of see has complied with	the same type for the	same premises now licensed; nonwealth relating to taxes; and ain below)	i
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00	53000224		CITY OR TOW	'N LOWELL	
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: P	epper Dining, Inc				
DOING BUSINESS A	CHILI'S GRILL & E	BAR			
ADDRESS 22 REISS A	VENUE				
CITY/TOWN: LOWE	LL	STATE: MA	ZIP CODE:	01851	
MANAGER: BURRO RONAL	WS, TYPE	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC	ASE ALSO VISIT OUR WEBSI CENSED PREMISES		AAIL ADDRESS		
2. the licensee h 3. the premises  SIGNED BY	license will be of the nas complied with all are now open for but	same type for the l laws of the Comm siness (If not expla	nonwealth relatin		
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ctor and the head	l of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [If disapproved explain]					
(11 disapprovou expluiii)					
DATE:					



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	CITY OR TOWN LOWELL	
Annual	LICENSED FOR 2	2013
CLASS		YEAR
URANTS, INC.		
RO'S RESTAURANT		
STREET		
STATE: MA	ZIP CODE: 01852	
TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
REMISES:		
		PROX.
nalties of perjury that:		
be of the same type for the	same premises now licensed;	
ed with all laws of the Comm	nonwealth relating to taxes; and	
en for business (If not expla	in below)	
Partner or Authorized Corpor	rate Officer	
PHONE NUMBER:		
	(Note: NOT Individual Social	Security Number)
ing inspector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	IORITY
	By:	
	CLASS URANTS, INC. RO'S RESTAURANT STREET  STATE: MA  TYPE OF LICENSE: Res  FOUR WEBSITE AND ENTER YOUR EM REMISES: AREA IN LOT ADJACENT RANCE ON SIDEWALK A nalties of perjury that: be of the same type for the ed with all laws of the Comm en for business (If not expla	CLASS URANTS, INC. RO'S RESTAURANT STREET  STATE: MA ZIP CODE: 01852  TYPE OF LICENSE: Restaurant CATEGORY:  FOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS REMISES: AREA IN LOT ADJACENT TO THE RESTAURANT APPRANCE ON SIDEWALK APPROX. 378 S/F. nalties of perjury that: be of the same type for the same premises now licensed; and with all laws of the Commonwealth relating to taxes; and wen for business (If not explain below)  Partner or Authorized Corporate Officer  PHONE NUMBER:  EMPLOYER IDENTIFICA (Note: NOT Individual Social we are in possession (1) the certificate required by Chapting inspector and the head of the fire department for the cate of liquor liability insurance required by Chapter 11  LOCAL LICENSING AUTH



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000228		CITY OR TO	WN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	<b>L</b>	BEER & WINE,	INC		
ADDRESS 1301 PAW					
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODI	E: 01854	
MANAGER: DESA PANK	I, TYPE AJKUMAR K	OF LICENSE: Pac	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF L					
FIRST FLOOR OF A SQ FT; AN INTERIO STORE	R DOOR BETWEEN				
2. the licensee	d license will be of the e has complied with all es are now open for bu	l laws of the Com	nonwealth relat		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICAT $rac{\mathbf{T}}{\mathbf{I}}$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063000229		CITY OR T	OWN LOWELL	•
APPLICATION F	OR RENEWAL:	Annual	]	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	E: PUFF INC.				
DOING BUSINES	SS A MCGINTY'S	S SPORTS PUB			
ADDRESS 171 L	AKEVIEW AVEN	UE			
CITY/TOWN: L	OWELL	STATE: MA	ZIP CO	DE: 01850	
	HARLOT, LAUDE	TYPE OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRES	SS:				
		OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
	OF LICENSED PRI				
		IDE, FIRST FLOOR LO	UNGE, KITC	HEN, STORAGE	ROOM,
3. the pre		n for business (If not exp			
DATE:	TELEPH	HONE NUMBER:		PLOYER IDENTIFICA	
Acts of 2004, sign	ned by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability inst	d of the fire o	department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL L By:	ICENSING AUTH	HORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000235		CITY OR TOW	N LOWELL	
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DALAT CORP.				
DOING BUSINESS A					
ADDRESS 1575 MIDI	DLESEX STREET				
CITY/TOWN: LOWE	ELL	STATE: MA	ZIP CODE:	01851	
	-NGUYEN, TYPI QUYNH	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISI	ES:			
FIRST FLOOR; ONE I ONLY; ONE ENTRAN					CORAGE
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	l license will be of th	ne same type for t	he same premises no	w licensed;	
2. the licensee	has complied with a	all laws of the Co	nmonwealth relating	g to taxes; and	
3. the premises	s are now open for b	ousiness (If not ex	plain below)		
SIGNED BY			O ST		
	Individual, Partner of	or Authorized Coi	porate Officer		
DATE					
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT Individual Social S	
			(110te: <u>1101</u> )	individual Social S	ecunty (vanisci)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	by the building insp	pector and the he	ad of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					<del></del> -



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LICENSE NUI	MBER: 06300023/		CITY OR TO	WN LOWELL	
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: MAMBO GF	RILL, INC			
DOING BUSIN	NESS A MAMBO	GRILL			
ADDRESS 129	9 MERRIMACK ST				
CITY/TOWN:	LOWELL	STATE: M	IA ZIP COD	DE: 01852	
MANAGER:	DESCOTEAUX, FRANCHESSKA	TYPE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PE	REMISES:			
SIDEWALK S	EATING AND KITO	RTH SIDE, ONE ROO CHEN, BASEMENT F PROX.400 SQ. FT ON	OR STORAGE.W	TTH EXTENTIO	
1. the 12. the 1	renewed license will licensee has complied	nalties of perjury that: be of the same type for d with all laws of the Co en for business (If not e	ommonwealth rela		
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer		
DATE:	TELEF	PHONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Acts of 2004,	signed by the buildi	we are in possession (1) ing inspector and the l ate of liquor liability i	nead of the fire de	epartment for the	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 063000239		CITY OR TO	WN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 1671 MID	DDLESEX STREET				
CITY/TOWN: LOW	ELL	STATE: MA	ZIP COD	E: 01851	
MANAGER: LICK,	, NISSAY TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEI LICENSED PREMIS		MAIL ADDRESS		
2. the license	d license will be of the has complied with a ses are now open for b	he same type for the all laws of the Com	monwealth relat		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICA  T Individual Social	
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	pector and the hea	d of the fire de	partment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	X: 063000242		CITY OR TO	JWN LOWELL	
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	A	NH RESTAURANT CO	DRPORATION		
ADDRESS 309 WE	STFORD STRE	ET			
CITY/TOWN: LOV	WELL	STATE: M	A ZIP COI	DE: 01851	
MANAGER: DOE	CUN, LEDA	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF		OUR WEBSITE AND ENTER YOU EMISES:	UR EMAIL ADDRESS		
•	-	alties of perjury that: be of the same type for	the same premise	es now licensed;	
	-	I with all laws of the Co		ating to taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICAT  OT Individual Social S	
Acts of 2004, signed	d by the buildin	e are in possession (1) ng inspector and the h ate of liquor liability i	ead of the fire d	epartment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LI By:	CENSING AUTH	ORITY
DATE:	MAI MIST DE EN FI	D BY LICENSEES DURING TH	IE MONTH OF NOVEN	IRED (M.G.I. Ch. 129 ° 1.	64)
AFFLICATION FOR KENEV	WAL MUST BE FILEI	J D I LICENSEES DUKING IT	IL MONTH OF NOVEN	IDEK (WI.U.L. UII. 138 \$ 1)	UA)



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LICENSE NUMBER:	063000243		CITY OR TO	JWN LOWELL	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 26 Andove	er St				
CITY/TOWN: LOWI	ELL	STATE: MA	ZIP COD	DE: 01852	
MANAGER: CARV A	LHO,KEYLL TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREMISE	ES:			
four unnumbered door kitchen; basement one				room for restaura	nt,
I hereby certify and sw		1 5 .			
	l license will be of th	• 1	•		
	has complied with a			ating to taxes; and	
3. the premise	s are now open for b	usiness (If not expl	ain below)		
CICNED DV					
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	<b>-</b> 1		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY LIC	ENSEES DURING THE M	MONTH OF NOVEM	IBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBER: 063000245		CITY OR TOWN	LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: SOMPAO MEAS I DOING BUSINESS A ADDRESS 450 CHELMSFORD STREET				
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE:	01851	
MANAGER: SETHY PAO TYP	PE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS	SES:			<b></b>
TWO UNNUMBERED DOORS WEST S BUILDING:FIRST FLOOR, ONE FUNCT FT.:SECON FLOOR, SMALL OFFICES,	ΓΙΟΝ HALL, AND I	ELEVEN ROOMS,		
I hereby certify and swear under penalties  1. the renewed license will be of the discussion of the licensee has complied with the premises are now open for the licensee has been supplied with the premises are now open for the licensee has complied with the premises are now open for the licensee has been supplied with the licensee has complied with the licensee has complied with the licensee has been supplied with the licensee has complied with the licensee has been supplied with the licensee	the same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000248		CITY OR TO	JWN L	OWELL	
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSE	D FOR 20	013
		CLASS				YEAR
LICENSEE NAME: I DOING BUSINESS A						
ADDRESS 963 CHEL	MSFORD STREE	T				
CITY/TOWN: LOWE	ELL	STATE: MA	ZIP COI	DE:	01852	
MANAGER: DOYLI	E, PETER F. TY	PE OF LICENSE:P	ackage Store	CAT	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		EBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF LI						
TWO UNUMBERED I		LOOR-BUTCHER	SHOP, RETAL	L SALES	/CONVV	IENCE
3. the premises	s are now open for	a all laws of the Cor business (If not exp	plain below)			
DATE:	TELEPHON	IE NUMBER:				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LI By:	CENSIN	G AUTHO	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 063000250		CITY OR TOWN LOWE	LL
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: STELLA LLC			
DOING BUSINE	ESS A CENTRO			
ADDRESS 24 M	ARKET STREET			
CITY/TOWN: I	LOWELL	STATE: MA	ZIP CODE: 01852	
	ROCKHOFF,PAT TYPE ICIA A.	OF LICENSE: Res	taurant CATEGOF	RY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREMISES	S:		
			E, WAST SIDE.FIRST FLO MENT FOR STORAGE ON	
I hereby certify an	nd swear under penalties of	perjury that:		
1. the rer	newed license will be of the	same type for the	same premises now licensed	;
2. the lic	ensee has complied with al	l laws of the Comm	nonwealth relating to taxes; a	and
3. the pre	emises are now open for bu	siness (If not expla	in below)	
-				
SIGNED BY				
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, sig	gned by the building inspe	ector and the head	certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR DEVENOUS		OR TOWN LOWELL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: INDIAN RESTAURANT	S, LLC	
DOING BUSINESS A PRIYA INDIAN CUISE	NE	
ADDRESS 1270 WESTFORD STREET, UNIT	#10	
CITY/TOWN: LOWELL ST	TATE: MA Z	ZIP CODE: 01852
MANAGER: DAMINENI, TYPE OF SAMPATH K.	LICENSE: Restaurar	t CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMAIL AD	DRESS
DESCRIPTION OF LICENSED PREMISES:		
1270 WESTFORD STREET, UNIT #10 UNNU ENTRANCE, TWO UNNUMBERED DOORS : KITCHEN, THREE STORAGE ROOMS		
I hereby certify and swear under penalties of per	jury that:	
1. the renewed license will be of the san	me type for the same	premises now licensed;
2. the licensee has complied with all law		· ·
3. the premises are now open for busine	ess (If not explain bel	ow)
SIGNED BY Individual, Partner or Aut	thorized Corporate C	Officer
SIGNED BY  Individual, Partner or Aut	thorized Corporate C	Officer
	thorized Corporate C	Officer
Individual, Partner or Aut		Officer  EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Aut	MBER:	
Individual, Partner or Aut	MBER: ssession (1) the certi r and the head of th	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above
DATE: TELEPHONE NUM  We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor	MBER: ssession (1) the certi r and the head of th r liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above
Individual, Partner or Aut  DATE: TELEPHONE NUM  We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below:  APPROVED:	MBER: ssession (1) the certi r and the head of th r liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
Individual, Partner or Aut  DATE: TELEPHONE NUM  We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below:  APPROVED:   DISAPPROVED:   DISAPPROVED:	MBER: ssession (1) the certi r and the head of th r liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
Individual, Partner or Aut  DATE: TELEPHONE NUM  We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below:  APPROVED:	MBER: ssession (1) the certi r and the head of th r liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
Individual, Partner or Aut  DATE: TELEPHONE NUM  We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below:  APPROVED:   DISAPPROVED:   DISAPPROVED:	MBER: ssession (1) the certi r and the head of th r liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY



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LICENSE NUMBI	ER: 063000252		CITY OR TOWN LOWELL	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	S A ETSOGO S	USHI & ASIAN CUISINE	3	
ADDRESS 16 ME				
CITY/TOWN: LC	OWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: LIN	N, STEVEN	TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF			TE A DE A MITTOURNA	
COOLER/FREEZH		ND SUSHI BAR; SERVIC	CE AREA, KITCHEN,	
		nalties of perjury that:		
2. the licer	nsee has complied	* *	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, sign	ed by the buildi	ng inspector and the head	e certificate required by Chap d of the fire department for the arance required by Chapter 11	e above
Please Check Below:	_		LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:	1-1-1		By:	
(If disapproved exp	лап)			
DATE:				



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	CITY OR TOWN LOWELL	
Annual	LICENSED FOR 20	013
CLASS		YEAR
CORP		
EH		
STATE: MA	ZIP CODE: 01852	
TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
EMISES:	,	
IDE OF BLDG, FIRST FL of bldg	LOOR DINING, CAFÉ, KITCHI	EN
alties of perjury that:		
e of the same type for the	same premises now licensed;	
with all laws of the Comm	nonwealth relating to taxes; and	
n for business (If not expla	in below)	
rtner or Authorized Corpor	rate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: NOT Individual Social S	security Number)
g inspector and the head	of the fire department for the	above
	LOCAL LICENSING AUTHO	ORITY
	By:	
		<del></del>
	CLASS CORP EH  STATE: MA  TYPE OF LICENSE: Res  UR WEBSITE AND ENTER YOUR EM EMISES: IDE OF BLDG, FIRST FL of bldg alties of perjury that: e of the same type for the swith all laws of the Comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the comm in for business (If not explain the same of the same of the comm in for business (If not explain the same of the sam	Annual CLICENSED FOR 20 CCLASS  CORP EH  STATE: MA ZIP CODE: 01852  TYPE OF LICENSE: Restaurant CATEGORY:  UR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES: IDE OF BLDG, FIRST FLOOR DINING, CAFÉ, KITCH of bldg alties of perjury that: e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and in for business (If not explain below)  Pertner or Authorized Corporate Officer  HONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social State in possession (1) the certificate required by Chapter 116 the of liquor liability insurance required by Chapter 116 the COCAL LICENSING AUTHORS (LOCAL LICENSING AUTHOR)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000254		CITY OR TOW	1 LOWELL	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A CHUCK'S VA	RIETY			
ADDRESS 641-643					
CITY/TOWN: LOV	VELL	STATE: MA	ZIP CODE:	01852	
MANAGER: MEA	S,PHALLA 7	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
SALES AND STOR UNNUMBERED DO	AGE; BASEMEN OOR ON NORTH	TH SIDES OF BUILD IT STORAGE ONLY. I ,SOUTH SIDES OF E MENT STORAGE ON	BUILDING FIRST		
2. the license	ed license will be ee has complied v	of the same type for the vith all laws of the Comfor business (If not exp	monwealth relating		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBE	R: 063000255		CITY OR TOWN LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	TEPTHIDA KHME	R RESTAURANT	JINC.	
ADDRESS 115 CH	ELMSFORD STREET			
CITY/TOWN: LO	WELL	STATE: MA	ZIP CODE: 01852	
MANAGER: HSU	J, ELY PHLEK TYPI	E OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEI	SITE AND ENTER YOUR E	CMAIL ADDRESS	_
DESCRIPTION OF	LICENSED PREMISI	ES:		
TWO UNUMBERE	D DOORS OFF HALI	WAY. FIRST FLO	OOR-ONE FOR DINING;KITCH	EN.
I hereby certify and	swear under penalties of	of perjury that:		
1. the renev	ved license will be of the	ne same type for the	e same premises now licensed;	
2. the licens	see has complied with a	all laws of the Com	monwealth relating to taxes; and	
3. the prem	ises are now open for b	usiness (If not expl	lain below)	
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signe	ed by the building insp	ector and the hea	ne certificate required by Chapt d of the fire department for the urance required by Chapter 116	above
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORS:	ORITY
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000256		CITY OR TOWN	LOWELL	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAME:	ELIZABETH SILVA	A			
DOING BUSINESS	A SILVA'S MINI MA	ARKET			
ADDRESS 40 PERF	RY STREET				
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01852	
MANAGER: SILV	A,ELIZABETHTYPI	E OF LICENSE: Pa	ckage Store CA		Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
	ACE FOR MALT BE AIN STORE APPROX		E ONLY, APPROX	. 500 SQ. FT.	
2. the licens	red license will be of the ee has complied with a ses are now open for b	all laws of the Com	nonwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		a IDENTIFICATIO	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:					



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LICENSE NUM	MBER: 063000257		CITY OR TOWN L	OWELL
APPLICATION	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: BUCK'S BAR & G	RILL, LTD.		
DOING BUSIN	JESS A			
ADDRESS 161	-65 CHELMSFORD STR	REET		
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE:	01852
MANAGER:	BUE,MARYBETH TYPE	PE OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PREMIS			
	ASFORD STREET, UNNU ESTAURANT LOUNGE,			
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of	• •	•	
	icensee has complied with		_	ixes; and
3. the p	premises are now open for	business (If not expla	ain below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
			(Note: NOT Individ	lual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	l of the fire departme	nt for the above
Please Check Below	<u>w:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	CAPIGIII)			
DATE:				<del></del>



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LICENSE NUMBER	2: 063000259		CITY OR TOWN	LOWELL	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		ore			
ADDRESS 1172 law	rence st				
CITY/TOWN: LOW	VELL	STATE: MA	ZIP CODE:	01852	
MANAGER:		TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
retail space approx 1	600 sq ft				
	ses are now open	with all laws of the Com for business (If not exp there or Authorized Corp	lain below)	o taxes; and	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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	CITY OR TOWN LOWELL	
Annual	LICENSED FOR 2	013
CLASS		YEAR
OS.BREWING COMPAN	Y,INC.	
EER WORKS		
ET		
STATE: MA	ZIP CODE: 01852	
TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
EMISES:		
		. METAL
alties of perjury that:		
be of the same type for the	same premises now licensed;	
with all laws of the Comm	nonwealth relating to taxes; and	
n for business (If not expla	in below)	
ertner or Authorized Corpo	rate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: <u>NOT</u> Individual Social S	Security Number)
ng inspector and the head	of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	By:	
	CLASS OS.BREWING COMPANY EER WORKS ET  STATE: MA  TYPE OF LICENSE: Res  OUR WEBSITE AND ENTER YOUR EM EMISES: OT AND HALL STREET FUNCTION ROOMS, K alties of perjury that: the of the same type for the lawith all laws of the Comm on for business (If not explain the company) artner or Authorized Corpo  HONE NUMBER:  e are in possession (1) the company the company that the company	CLASS  DS.BREWING COMPANY, INC.  EER WORKS  ET  STATE: MA ZIP CODE: 01852  TYPE OF LICENSE: Restaurant CATEGORY:  DUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES:  OT AND HALL STREETS. COURTYARD -800 SQ. FT  FUNCTION ROOMS, KITCHEN.  alties of perjury that:  De of the same type for the same premises now licensed;  with all laws of the Commonwealth relating to taxes; and in for business (If not explain below)  artner or Authorized Corporate Officer  HONE NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Street of liquor liability insurance required by Chapter 116  LOCAL LICENSING AUTH



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000261	•	CITY OR TOWN LOWELL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HEGA CORPORATI	ION	
DOING BUSINESS A OLE RESTAURAN	NT AND TAPAS BA	AR
ADDRESS 76 MERRIMACK STREET		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852
MANAGER: HERNANDEZ, TYPE JEFFREY	OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISE		
UNNUMBERED DOOR ON MERRIMAC BUILDING.FIRST FLOOR-TWO DINING ROOM;SIDEWALK SEATING APPROX.	ROOMS,SERVICE	
I hereby certify and swear under penalties of	f perjury that:	
1. the renewed license will be of the	e same type for the s	ame premises now licensed;
2. the licensee has complied with a		<u> </u>
3. the premises are now open for bu	ısiness (If not explai	n below)
SIGNED BY Individual, Partner or	r Authorized Corpor	ate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	-,	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:(If disapproved explain)		
(If disapproved explain)		
DATE:		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000262	CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	unnual LICENSED FOR 2013	
	CLASS YEAR	
LICENSEE NAME: 1460 MIDDLESEX GAS, IN	IC	
DOING BUSINESS A HARRY'S FOOD MART		
ADDRESS 1460 MIDDLSEX STREET		
CITY/TOWN: LOWELL STAT	E: MA ZIP CODE: 01852	
MANAGER: PATEL, TYPE OF LIC JAYESHKUMAR A.	CENSE:Package Store CATEGORY: Wine Malt	and Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND I	NTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
UNNUMBERED DOOR ON SOUTH SIDE RETA		
I hereby certify and swear under penalties of perjury.  1. the renewed license will be of the same to		
2. the licensee has complied with all laws of	•	
3. the premises are now open for business	•	
SIGNED BY		
Individual, Partner or Autho	rized Corporate Officer	
DATE: TELEBRIONE NUMB	EMBLOWED IDENTIFIES A TION AN	DADED.
TELEPHONE NUMB	ER: EMPLOYER IDENTIFICATION NU (Note: NOT Individual Social Security N	
	·	
Please Check Below:	LOCAL LICENSING AUTHORITY	•
APPROVED: DISAPPROVED:	By:	
(If disapproved explain)		
- -		
DATE:		



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LICENSE NUMBE	ER: 063000264		CITY OR TOWN LOWELL	_
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: TAVAREZ-INF	FANTE,INC		
DOING BUSINESS	S A LA DIFFERE	NCIA RESTAURANT		
ADDRESS 192 MI	DDLESEX STREE	ET		
CITY/TOWN: LO	OWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: INF	FANTE,JOSE T	TYPE OF LICENSE:Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF				
		SIDE OF BUILDING.I ENT FOR STORAGE.	FIRST FLOOR-ONE ROOM FO	OR
I hereby certify and	swear under penalt	ties of perjury that:		
1. the rene	wed license will be	of the same type for the	e same premises now licensed;	
2. the licen	see has complied w	vith all laws of the Com	monwealth relating to taxes; and	l
3. the prem	nises are now open	for business (If not expl	lain below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ed by the building	inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000265		CITY OR TO	JWN LOWELI	_
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 207 UNIVE	JERRY'S FOOD S				
CITY/TOWN: LOWE		STATE: MA	ZIP COD	DE: 01852	
MANAGER: PATEL BHUPE	TYP	PE OF LICENSE: P		CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LIG 207 UNIVERSITY AV APPROX. 1620 SQ. FI I hereby certify and swe	ENUE, UNNUME Γ. FOR RETAIL S' ear under penalties	SES: BERED DOOR ON TORE of perjury that:	I FOURTH AVI		.OOR
2. the licensee 3. the premises SIGNED BY	license will be of that complied with a are now open for and individual, Partner	all laws of the Corbusiness (If not ex	mmonwealth rela		1
DATE:	TELEPHONI	E NUMBER:		LOYER IDENTIFICA OT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LI By:	CENSING AUTI	HORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063000266		CITY (	OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annua	ıl	LICEN	SED FOR 20	13
		CLAS	S		,	YEAR
LICENSEE NAME:	: MR. JALAPENO,INC	2.				
DOING BUSINESS	A					
ADDRESS 124 ME	RRIMACK STREET					
CITY/TOWN: LO	WELL	STATE:	MA ZIF	P CODE:	01852	
MANAGER: HER OR I	RNANDEZ,VICTTYPE ( M.	OF LICENS	E:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER Y	YOUR EMAIL ADDR	RESS		•
	LICENSED PREMISES					
	OR SOUTH SIDE OF B TCHEN AREA BASEM		Γ FLOOR ON	EROOM FO	OR	
I hereby certify and	swear under penalties of	perjury that	:			
1. the renew	wed license will be of the	same type f	or the same pr	remises now	licensed;	
2. the licens	see has complied with all	laws of the	Commonweal	th relating to	taxes; and	
3. the premi	ises are now open for bus	siness (If no	t explain belov	w)		
SIGNED BY	T 1 1 1 1 D	A .1 . 1	C 0.50			
	Individual, Partner or	Authorized	Corporate Off	icer		
DATE						
DATE:	TELEPHONE N	NUMBER:	(N			ION NUMBER: ecurity Number)
			(1)	tote. <u>1101</u> Iliu	ividuai 50ciai 50	ecurity (vuiliber)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of liq	ctor and the	e head of the	fire departr	nent for the	above
Please Check Below:			LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063000	)267	Cľ	TY OR TOWN	LOWELL	
APPLICATION FOR RENE	WAL:	nnual	LICENS	SED FOR 20	13
	C	LASS		,	YEAR
LICENSEE NAME: MAMA	A JASON'S INC.				
DOING BUSINESS A					
ADDRESS 558 GORHAM S	TREET				
CITY/TOWN: LOWELL	STAT	E: MA	ZIP CODE:	01852	
MANAGER: HARRIS, IRI	ENE TYPE OF LIC	ENSE: Packag	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE AL	SO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENS					
UNNUMBERED DOOR ON 1400 SQ FT; BASEMENT F		JILDING; ON	E ROOM FOR R	RETAIL STO	RE,
2. the licensee has co	te will be of the same to complied with all laws of cow open for business (	f the Common	wealth relating to		
	lual, Partner or Author	ized Corporate	Officer		
DATE:	TELEPHONE NUMBI	ER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			OCAL LICENS By:	ING AUTHO	DRITY
DATE:		-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	003000208		CITY OR TO	JWN L	OWELL	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSE	D FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	R & Z COMP	ANY, LLC				
DOING BUSINESS A	TUTTOBEN	NE WINE & CHEESE (	CELLARS			
ADDRESS 58 PRESC	OTT ST, UN	IT 3C				
CITY/TOWN: LOW	ELL	STATE: MA	A ZIP COI	DE:	01852	
MANAGER: ANDR	E, ELLEN	TYPE OF LICENSE:	Package Store	CAT	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PI	EASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF L						
RETAIL UNIT OF 11. BLOCK	56 SF, ENTR	ANCE ON GROUND F	FLOOR, EAST S	IDE OF	CLAFFLI	N
SIGNED BY		n for business (If not ex				
DATE:	TELEP.	HONE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LI	CENSIN	G AUTHO	ORITY
DISAPPROVED:			Ву:			
(If disapproved explain	n)					
DATE:						



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LICENSE NUMBER: 063000269	1	CITY OR TOWN LOWEL	.L
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEWBLIS DOING BUSINESS A GARCIA ADDRESS 131 MIDDLESEX ST	BROGAN'S		
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: BROGAN,RONA			Y: All Alcohol
		Staurant CATEGOR	1. All Alcohol
EMAIL ADDRESS:	SIT OUR WEBSITE AND ENTER YOUR E	MAII ADDDESS	
DESCRIPTION OF LICENSED		MIGIL ADDRESS	
TWO UNUMBERED DOORS N RESTAURANT, KITCHEN, TWO ,SOUTHWEST ENTRANCE.	ORTH SIDE;FIRST FLOOF		GG
I hereby certify and swear under p	penalties of perjury that:		
2. the licensee has compl		e same premises now licensed; monwealth relating to taxes; an lain below)	ad
SIGNED BY Individual,	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the hea	d of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBER: 063000272		CITY OR TOWN LOWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 201	.3
	CLASS	Y	'EAR
LICENSEE NAME: LUIS IBARRA			
DOING BUSINESS A DELICIAS PAISAS I	BAKERY & RES	TAURANT	
ADDRESS 392 BRIDGE STREET			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER: IBARRA, LUIS TYPE C	OF LICENSE: Rest	carrant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT		AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
TWO UNNUMBERED DOORS WEST SIDI ROOM; KITCHEN	E; ONE ROOM F	OR COUNTER SERVICE; DINI	NG
I hereby certify and swear under penalties of p	perjury that:		
1. the renewed license will be of the s	same type for the s	same premises now licensed;	
2. the licensee has complied with all l	laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open for busing	iness (If not explain	in below)	
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer	
21.01.130.01.7 01.10.01			
DATE: TELEPHONE N	IIMRFR:	EMPLOYER IDENTIFICATION	ON NUMBER:
TEBEL HOLLE IV	CIVIBLIK.	(Note: NOT Individual Social Sec	curity Number)
We the undersigned, attest that we are in p	nossession (1) the	cartificate required by Chanter	r 304 of the
Acts of 2004, signed by the building inspec	tor and the head	of the fire department for the a	bove
named license and (2) the certificate of liqu of 2010.	ıor liability insur	rance required by Chapter 116 (	of the Acts
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	KII I
DISAPPROVED:		•	
(If disapproved explain)		-	
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICEN:	SEES DUDING THE MC	NITH OF NOVEMBER (M.C.I. Cb. 129 \$ 16A	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 063000273		CITY OR TOWN	LOWELL
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BACK PAGE JAZZ	Z & COMEDY CL	JB LLC	
DOING BUSINESS	A THE BACK PAG	E		
ADDRESS 15 KEA	RNEY SQUARE UN	IT # 2		
CITY/TOWN: LO	WELL	STATE: MA	ZIP CODE:	01852
MANAGER: RAN J.	MIREZ,ROBERTTYF	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
	E ROOM FOR LOUN		T,KITCHEN AREA.	
•	swear under penalties			Unamendo
	ved license will be of the see has complied with	• •	*	
	ises are now open for		•	o taxes, and
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the hea	ıd of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If 4:				
(If disapproved expl	ain)			
(If disapproved expl	ain)			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000274		CITY OR TOWN	LOWELL	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 185 WO					
CITY/TOWN: LOV	VELL	STATE: MA	ZIP CODE:	01852	
	HATZOGLOU, TYPE ER SR.	OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
UNUMBERED DOO SECTION,OFFICE,	OR SOUTH SEDE,RE	ΓAIL SALE/CONV			
I hereby certify and s	wear under penalties o	f perjury that:			
	ed license will be of the	* *	•		
	ee has complied with a		_	o taxes; and	
3. the premi	ses are now open for bu	usiness (II not expi	ain below)		
SIGNED BY	Individual, Partner of	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	63000275		CITY OR TOWN LOWELL	•
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: A DOING BUSINESS A	QUICK MART			
ADDRESS 1401 GORI	HAM STREET			
CITY/TOWN: LOWE	LL	STATE: MA	ZIP CODE: 01852	
MANAGER: PATEL	URSHILA TY	PE OF LICENSE:Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
		VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC			NATE OTTODAY DA DO A DODON	045.50
FT. OF RETAIL SPAC		N SOUTH SIDE OF C	ONE STORY BLDG.,APPROX.	945 SQ.
3. the premises	are now open fo	r business (If not expl		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED:	ļ		LOCAL LICENSING AUTH By:	IORITY
(If disapproved explain)  DATE:	)			



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LICENSE NUMB	ER: 063000276		CITY OR TOWN LOWELI	_
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: SP ENTERTA	INMENT INC.		
DOING BUSINES	SS A			
ADDRESS 25 MA	ARKET STREET			
CITY/TOWN: L	OWELL	STATE: MA	ZIP CODE: 01852	
	RANMORE, IAYNE	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PRI	EMISES:		
		ORTH SIDE, AND UNNU JNGE; KITCHEN AND (	MBERED DOOR WEST SIDI OFFICE	E OF
I hereby certify an	d swear under pena	alties of perjury that:		
1. the rene	ewed license will b	e of the same type for the	same premises now licensed;	
2. the lice	nsee has complied	with all laws of the Comr	nonwealth relating to taxes; and	1
3. the pres	mises are now oper	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ned by the buildin	g inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 1	ie above
Please Check Below:	_		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:	mloin)			
(If disapproved ex	ріаш)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	63000277		C	II Y OK IO	WIN	LOWELL		
APPLICATION FOR R	ENEWAL:	Annu	al	LI	CENS	ED FOR 2	013	
		CLAS	SS				YEAR	
LICENSEE NAME: N DOING BUSINESS A ADDRESS 95 MARKE		MARKET I	NC.					
CITY/TOWN: LOWE	LL	STATE:	MA	ZIP COD	E:	01852		
MANAGER: NASON S.	I, JANETTE TYPE	OF LICEN	SE:Packa	ge Store	CA	TEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:								
	ASE ALSO VISIT OUR WEBS		YOUR EMAI	L ADDRESS				
DESCRIPTION OF LIC								
FIRST FLOOR, ONE R STORAGE ONLY	OOM FOR RETAL	L AND STC	ORAGE A	.PPROX. 15	00 SQ	FT BASE	MENT	
3. the premises SIGNED BY	has complied with a are now open for bu	usiness (If no	ot explain	below)	ting to	taxes; and		
DATE:	TELEPHONE	NUMBER:					TION NUMBER: Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LIC	CENSI	NG AUTH	ORITY	
DATE:								



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000278		CITY OR TOWN LOW	VELL
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	YASHODA CORF	<b>.</b>		
DOING BUSINESS A	ECONOMART			
ADDRESS 1280 LAW	RENCE STREET			
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE: 018	52
MANAGER: PATE	L, SAMIR P. TYI	PE OF LICENSE: Pa	ckage Store CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	SES:		
ONE UNNUMBEREI	DOOR WEST SI	DE; ONE ROOM F	OR RETAIL APPROX. 130	00 SQ FT
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	d license will be of	the same type for the	e same premises now licens	ed;
2. the licensee	has complied with	all laws of the Com	monwealth relating to taxes	; and
3. the premise	s are now open for	business (If not exp	lain below)	
SIGNED BY				
5161,22 51	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENT	TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	io ilioitii i
DISAPPROVED:			-3.	
(If disapproved explain	1)			
DATE:				
DITL.				



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LICENSE NUMBER:	063000279		CITY OR TOWN	LOWELL	
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	SEAN GANNEM				
DOING BUSINESS A	7-ELEVEN STOR	RE 2466-33097A			
ADDRESS 55 CHELM	ISFORD STREET				
CITY/TOWN: LOWE	LL	STATE: MA	ZIP CODE:	01852	
MANAGER: GANNI	EM, SEAN TYP	'E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:			
ONE ROOM FOR RET	AIL APPROX. 29	000 SQ FT.			
2. the licensee	has complied with		e same premises now monwealth relating to ain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEWAL	L MUST BE FILED BY LI	ICENSEES DURING THE N	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 063000280		CITY OR TOWN LOWEL	JL .
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
DOING BUSI	AME: AMAL FUE			
ADDRESS 12	99 WESTFORD ST			
CITY/TOWN:	LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	ELKHOURY, RICHARD	TYPE OF LICENSE: P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
ONE ROOM F	FOR RETAIL AND	STORAGE APPROX 960	SF	
	premises are now op	en for business (If not expense)		iu
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	THORITY
DATE:				



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LICENSE NUMBER:	063000281		CITY OR TO	OWN LOWELL	•
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	VOICES ENTERTA	INMENT GROUI	P INC.		
DOING BUSINESS A	VOICES ROCK C	LUB			
ADDRESS 731 LAKE	EVIEW AVENUE				
CITY/TOWN: LOW	ELL	STATE: MA	ZIP COI	DE: 01852	
MANAGER: GAUT	THIER, GARY TYPE	E OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF L					
TWO UNNUBERED OFFICE, STORAGE					
I hereby certify and sw	vear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	e same premise	es now licensed;	
2. the licensee	e has complied with a	ll laws of the Com	monwealth rela	ating to taxes; and	
3. the premise	es are now open for b	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner o	r Authorized Corn	orate Officer		
	individual, i di dici o	r rumorized corp	orate officer		
DATE:	TELEPHONE	MI IMPED.	EMP	LOYER IDENTIFICA	TION NUMBER:
	TELETHONE	NOWIDEK.		OT Individual Social	
We the undersigned	attact that we are i	n noggoggion (1) th	a aautifiaata u	ogwined by Chen	.tom 201 of the
We the undersigned, Acts of 2004, signed					
named license and (2 of 2010.	2) the certificate of l	iquor liability inst	ırance requir	ed by Chapter 11	6 of the Acts
Please Check Below:			LOCALII	CENSING AUTH	IORITY
APPROVED:			By:	CENSING 710 11	
DISAPPROVED:			•		
(If disapproved explain	n)				
					<u></u>
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063000282		CITY OR TOWN	LOWELL	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	LOWELL PROVIS	ION COMPANY			
DOING BUSINESS A					
ADDRESS 3 AIKEN	AVENUE				
CITY/TOWN: LOW	ELL	STATE: MA	ZIP CODE:	01852	
MANAGER: DOYL	E, PETER F. TYP	E OF LICENSE: Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF L	ICENSED PREMIS	ES:			
TWO UNNUMBERED STORAGE, APPROX		SIDE; FIRST FLO	OR-ONE ROOM FR	O RETAIL	
	has complied with as are now open for		nmonwealth relating to	o taxes; and	
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	163000283	(	II Y OK TOWN	LOWELL	
APPLICATION FOR R	RENEWAL: Ar	ınual	LICEN	SED FOR 20	013
	CI	LASS			YEAR
LICENSEE NAME: A	ARAMARK EDUCATIONAL	SERVICE	S LLC		
DOING BUSINESS A	TSONGAS CENTER @ UM	IASS LOW	ELL		
ADDRESS 300 MART	IN LUTHER KING JR WAY	7			
CITY/TOWN: LOWE	LL STATE	E: MA	ZIP CODE:	01852	
MANAGER: PERRY	, BRUCE J. TYPE OF LICE	ENSE: Resta	urant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LIG					
	OCKERS; LEVEL TWO EN		EL 3 CONCOURS	SE.	
•	ear under penalties of perjury				
	license will be of the same ty	•	•		
	has complied with all laws of		_	o taxes; and	
5. the premises	are now open for business (I	not explaii	i below)		
SIGNED BY		1.0	0.00		
Ι	ndividual, Partner or Authori	zed Corpora	ate Officer		
D. 1. 27. 2					
DATE:	TELEPHONE NUMBE	R:			FION NUMBER: Security Number)
			(140te. <u>1401</u> III)	iividuai sociai s	security Number)
	attest that we are in possess by the building inspector and				
	the certificate of liquor liab				
Please Check Below:			LOCAL LICEN		ODITAL
APPROVED:			LOCAL LICENS By:	SING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved explain)	)				
DATE:					



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	CITY OR TOWN LOWELL	
Annual	LICENSED FOR 2	013
CLASS		YEAR
ALL		
STATE: MA	ZIP CODE: 01852	
PE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EBSITE AND ENTER YOUR EMA	IL ADDRESS	
SES:		
of perjury that:		
the same type for the sa	me premises now licensed;	
all laws of the Commo	nwealth relating to taxes; and	
business (If not explain	below)	
or Authorized Corpora	te Officer	
IE NUMBER:	EMPLOYER IDENTIFICA	
E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social S	
e in possession (1) the ospector and the head o		security Number) ter 304 of the e above
e in possession (1) the ospector and the head o	(Note: <u>NOT</u> Individual Social sertificate required by Chapt of the fire department for the	ter 304 of the e above 6 of the Acts
e in possession (1) the ospector and the head o	(Note: <u>NOT</u> Individual Social Sertificate required by Chapter the fire department for the nce required by Chapter 110	ter 304 of the e above 6 of the Acts
e in possession (1) the ospector and the head o	(Note: NOT Individual Social Secretificate required by Chapt of the fire department for the note required by Chapter 110 LOCAL LICENSING AUTH	ter 304 of the e above 6 of the Acts
e in possession (1) the ospector and the head o	(Note: NOT Individual Social Secretificate required by Chapt of the fire department for the note required by Chapter 110 LOCAL LICENSING AUTH	ter 304 of the e above 6 of the Acts
e in possession (1) the ospector and the head o	(Note: NOT Individual Social Secretificate required by Chapt of the fire department for the note required by Chapter 110 LOCAL LICENSING AUTH	ter 304 of the e above 6 of the Acts
	CLASS  ALL  STATE: MA  PE OF LICENSE: Resta  EBSITE AND ENTER YOUR EMANUAL SES:  DEGRESS ALONG NO R/REST/NIGHTCLUB S of perjury that: the same type for the same and all laws of the Common business (If not explain	CLASS  ALL  STATE: MA ZIP CODE: 01852  PE OF LICENSE: Restaurant CATEGORY:  EBSITE AND ENTER YOUR EMAIL ADDRESS  SES:  DEGRESS ALONG NORTH AND SOUTH  R/ REST/NIGHTCLUB APPROX 4400 SQ. FT



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000285		CITY OR TOWN	LOWELL	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	JAI LAXMI,LLC				
DOING BUSINESS	A UNIVERSITY CO	ONVENIENCE STO	ORE		
ADDRESS 102 UNI	VERSITY AVENUE				
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01852	
MANAGER: PAT	EL,MEGHANA TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
ONE ROOM FOR R STORAGE,APPROX	ETAIL STORE APPI X.212 SQ. FT.	ROX.1,100 SQ. FT	. AND ONE ROOM	FOR	
2. the licens	red license will be of the ee has complied with ses are now open for l	all laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 063000286		CITY OR TOWN LOWELL	4
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: WINDSOR NESS A 33 WESTFORD STR			
CITY/TOWN:	: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	BAHOU JR., FARID W.	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P FOR RETAIL STOP	REMISES: RE APPROX. 800 SQ FT I	BASEMENT	
2. the	licensee has compli premises are now of	• •		I
	marviduai,	rartilet of Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Bel- APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 063000287		CITY OR TOWN LOWEL	L
APPLICATIO	N FOR RENEWA	L: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: JAYS BEE NESS A 8 GORHAM STRE			
CITY/TOWN:	: LOWELL	STATE: MA	ZIP CODE: 01852	
MANAGER:	PATEL, YOGENDRA	TYPE OF LICENSE: P	Cackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED RETAIL AND STO	PREMISES: PRAGE APPROX. 1632 SQ	) FT.	
2. the	licensee has complete premises are now of	• •		d
DATE:	TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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LICENSE NUMBER:	063000289		Cl	FY OR TOWN	1 COMELL	
APPLICATION FOR	RENEWAL:	Annua	1	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	CAMILA LLC					
DOING BUSINESS A	A RESERVATION	S RESTAURA	NT AND	LOUNGE		
ADDRESS 179 CENT	ΓRAL STREET					
CITY/TOWN: LOW	ELL	STATE:	MA	ZIP CODE:	01852	
MANAGER: CRUZ	, DOLORES TYPE	PE OF LICENS	E:Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
ONE STORY BRICK SEATING	BUILDING, PLUS	S BASEMENT;	TWO EN	TRANCES A	ND THREE E	EXITS;
CAPACITY 70, OCC	UPANCY 115; TO	TAL SQUARE	FEET 2,0	070.		
I hereby certify and sw						
1. the renewe	d license will be of	the same type f	or the sam	e premises no	w licensed;	
2. the licensee	e has complied with	all laws of the	Common	wealth relating	to taxes; and	
3. the premise	es are now open for	business (If no	t explain b	pelow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	Officer		
DATE						
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT Individual Social S	
				(Note. NOT)	marviduai Sociai s	Security Number)
We the undersigned						
Acts of 2004, signed named license and (2	•	-		_		
of 2010.	i) the certificate of	nquoi nuomi,	, mourum	ce required b	y Chapter 110	o of the field
Please Check Below:			Ī.	OCAL LICEN	NSING AUTH	ORITY
APPROVED:				y:		
DISAPPROVED:						
(If disapproved explain	n)		_			
			=			
DATE:			-			
D.11L.						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0630	00290	CITY OR TOW	VN LOWELL	
APPLICATION FOR REN	EWAL: Annual	LIC	ENSED FOR 2013	
	CLASS	S	YEAR	
LICENSEE NAME: DCC	iR,INC			
DOING BUSINESS A D &	& G ALL STAR LOUNGE			
ADDRESS 177 MERRIMA	ACK STREET			
CITY/TOWN: LOWELL	STATE:	MA ZIP CODE	: 01852	
MANAGER: CRUZ, DA	VID TYPE OF LICENSI	E:Restaurant	CATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF LICEN				
	ET,UNNUMBERED DOOR K R FOR LOUNGE WITH BAR			
I hereby certify and swear u	under penalties of perjury that:			
1. the renewed lice	ense will be of the same type for	or the same premises r	now licensed;	
2. the licensee has	complied with all laws of the	Commonwealth relatin	ng to taxes; and	
3. the premises are	now open for business (If not	explain below)		
CICNED DV				
SIGNED BY Indi	vidual, Partner or Authorized (	Corporate Officer		
				_
DATE:	TELEPHONE NUMBER:	EMPLO	YER IDENTIFICATION NUMBER:	
		(Note: NOT	Individual Social Security Number)	
Acts of 2004, signed by the	st that we are in possession ( ne building inspector and the e certificate of liquor liability	head of the fire dep	artment for the above	
Please Check Below:		LOCAL LICE	ENSING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063000291		CITY OR TOWN	1 LOWELL	
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 101 LAR	A FODDY GOOD		RANT		
CITY/TOWN: LOV	WELL	STATE: MA	ZIP CODE:	01852	
MANAGER:	TY	PE OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
DINING ROOM AN	ID KITCHEN OF C	ONE STORY BUILD	OING; BASEMENT	FOR STORAG	GE
2. the licens	ee has complied wi	f the same type for the th all laws of the Cor or business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building i	re in possession (1) to nspector and the he of liquor liability ins	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: (	)63000292		CI	TY OR TO	WN LOWELL	_
APPLICATION FOR I	RENEWAL:	Annu	al	LIC	CENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME:	G & AA LLC					
DOING BUSINESS A	FUSE BISTRO					
ADDRESS 45 PALME	ER STREET					
CITY/TOWN: LOWE	ELL	STATE:	MA	ZIP CODE	E: 01852	
MANAGER: PELLE SCOTT		E OF LICEN	SE:Restau	rant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:				
FIRST FLOOR ONE R SIDEWALK SEATING				REA; KITC	HEN; ADJACE	ENT
I hereby certify and swe	ear under penalties	of perjury tha	t:			
1. the renewed	l license will be of t	the same type	for the sar	ne premises	now licensed;	
2. the licensee	has complied with	all laws of the	Common	wealth relati	ing to taxes; and	l
3. the premises	s are now open for	business (If no	ot explain	below)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			OYER IDENTIFICA	
				(Note: NOT Individual Social Security Number)		
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	by the building ins	pector and th	ne head of	the fire dep	partment for th	e above
Please Check Below:			]	LOCAL LIC	ENSING AUTI	HORITY
APPROVED:	_		J	Ву:		
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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LICENSE NUMBER:	063000293		CITY OR TO	JWN LUWELL	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	VANNAK KANN				
DOING BUSINESS A	Λ				
ADDRESS 74 MIDD	LESEX STREET				
CITY/TOWN: LOW	ELL	STATE: MA	ZIP COL	DE: 01852	
MANAGER: KANN	N, VANNAK TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	ES:			
FIRST FLOOR ONE AND BASEMENT	ROOM FOR LOUNC	SE WITH BAR	STORAGE ON 1	FIRST, SECOND	FLOORS,
I hereby certify and sv	vear under penalties o	f perjury that:			
1. the renewe	d license will be of th	e same type for t	he same premise	s now licensed;	
2. the licenses	e has complied with a	ll laws of the Cor	mmonwealth rela	ating to taxes; and	
3. the premise	es are now open for b	usiness (If not ex	plain below)		
SIGNED BY	Individual, Partner o	r Authorized Con	porate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA  OT Individual Social	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the he	ad of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11 <i>)</i>				
DATE:			-		
APPLICATION FOR RENEWA	AL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEM	IBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBER: 063000294		CITY OR TOWN LOWELL		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: HAYHURST GRO	UP INC			
DOING BUSINESS A FINN'S PUB				
ADDRESS 76-86 MERRIMACK STREE	T			
CITY/TOWN: LOWELL	STATE: MA	ZIP CODE: 01852		
MANAGER: HAYHURST, TYP KEVIN	PE OF LICENSE: Rest	taurant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
76-86 MERRIMACK STREET, UNNUM DOORS SOUTH SIDE OF BUILDING; I AREA APPROX. 2,460 SQ.FT.; SECON AREA APPRX. 2,797 SQ.FT.; BASEME	FIRST FLOOR ONE- D FLOOR-ONE ROC	ROOM FOR RESTAURANT AND BAR		
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	the same type for the s	same premises now licensed;		
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and		
3. the premises are now open for	business (If not explain	in below)		
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signed by the building ins	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts		
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)		_		
DATE:				